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CLINICS.

CLINICAL LECTURE.

Lecture on the Treatment of Catarrh and Bronchitis.—By GEORGE JOHNSON, M. D., F. R. C. P., Prof. Med. in King's Coll.; Phys. to King's Coll. Hospital.—An ordinary catarrh, although not a dangerous or a very serious disease, is yet, with many persons, an oft recurring malady, which occasions a great amount of discomfort and annoyance both to the patient and to his associates; and, as treatment has considerable influence upon the progress of the disorder, it is worth while to give the subject careful consideration.

The exciting cause of a catarrh, in the great majority of cases, is a chill, or some unknown atmospheric influence, which tends to suppress the action of the skin; and the most successful plan of treatment consists in the employment of means for restoring the free action of the skin. The popular domestic treatment consists in the use of a hot foot-bath at bed-time, a fire in the bed-room, a warm bed, and some hot drink taken after getting into bed, the diaphoretic action being assisted by an extra amount of bed clothes. Complete immersion in a warm bath is more efficacious than a foot-bath; but the free action of the skin is much more certainly obtained by the influence of hot air—most surely and profusely, perhaps, by the Turkish bath. The Turkish bath, however, is not always to be had, and, even when available, its use in the treatment of catarrh is attended with some inconvenience. In particular, there is the risk of a too speedy check to the perspiration after the patient leaves the bath. On the whole, the plan which combines in the greatest degree efficiency with universal applicability consists in the use of a simple hot-air bath, which the patient can have in his own bed-room. All that is required is a spirit-lamp with a sufficiently large wick. Such lamps

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are made of tin, and sold by most surgical instrument makers.

The lamp should hold sufficient spirit to burn for half an hour. The patient sits undressed in a chair with the lamp between his feet, rather than under the chair. An attendant then takes two or three blankets and folds them round the patient from his neck to the floor, so as to inclose him and the lamp, the hot air from which passes freely round his body. In from a quarter to half an hour there is usually a free perspiration, which may be kept up for a time by getting into bed between hot blankets. I have myself gone into a hot-air bath suffering from headache, pain in the limbs, and other indications of a severe incipient catarrh, and in the course of half an hour I have been entirely and permanently freed from these symptoms by the action of the bath.

Another simple and efficient mode of exciting the action of the skin consists in wrapping the undressed patient in a sheet wrung out of warm water, then, over this, folding two or three blankets. The patient may remain thus "packed" for an hour or two, until free perspiration has been excited.

I may mention, in passing, that the hot-air bath and the wet packing are very useful in the treatment of many forms of disease. I constantly employ both in the treatment of renal disease; and not long since I believe that by the wet packing I saved the life of a lady, in whom very alarming symptoms were associated with the imperfect outcoming of the rash of scarlatina.

Now, to return to the treatment of catarrh, let me impress upon you that the sweating plan of treatment, to be successful in cutting short the disease, must be adopted early—I mean within a few hours from the commencement of the symptoms.

Another mode of treating catarrh, which is very successful with patients who are tolerant of opium, consists in giving a dose of opium, or morphia, at bed-time. Within half-an-hour after the opiate is taken, it frequently happens that the unpleasant coryza, and every other symptom of catarrh, have passed away. If the patient can avoid exposure on the following day, the cure may be complete, and there is no need to repeat the dose.

It is probable that the good effect of the opiate is partly due to its diaphoretic action, which may be increased by combining it with ipecacuanha; but, besides its action upon the skin, there must be some direct influence on the nerves and vessels of the inflamed mucous membrane to explain the speedy relief from discomfort which follows the opiate dose. The opiate treatment of catarrh is not so generally applicable as the sweating plan, for the reason that many persons are intolerant of opium, or they cannot take it without suffering from headache, nausea, and other distressing symptoms, which render it an undesirable remedy for them. In any case the opiate treatment, like the diaphoretic method, is more successful in proportion as it is resorted to early in the attack.

In some persons, repeated doses of ammonia have the effect of lessening the coryza and other distressing catarrhal symptoms. Five grains of sesquicarborate of ammonia, or a drachm of the aromatic spirit, may be taken in water every three hours. A single dose of ammonia at bed-time is an efficient and useful diaphoretic, its action being aided by external warmth. Some catarrhal patients experience great relief from an occasional dose of spirit of camphor. The usual dose is from ten to thirty drops in a wineglassful of water. In ordinary catarrh, as a rule, no change of diet is required. A catarrh which has gone on unchecked for a few days, is sometimes much mitigated by a generous diet and an extra glass of wine.

Those who are especially liable to catarrh should be careful to keep their feet warm and dry; and they should be warmly clothed, wearing woollen next the skin. They should avoid excessive wrapping up; since this, with even gentle exercise, tends to overheat the body, and so to increase the risk of a subsequent chill. The practice of wearing a hare-skin, wash-leather, or thick folds of flannel over the chest, is to be condemned as at once filthy and unwholesome.

It may be well to remind catarrhal subjects that the nose is a natural respirator, so that, in passing from a hot room into the open air, if the mouth be kept closed, the air, in its passage through the nostrils, has its temperature raised before it enters the chest.

There is reason to believe that the daily use of a cold sponge-bath, or a shower-

bath, has a wholesome hardening influence upon those who adopt it, and that it renders them less liable to attacks of catarrh.

Treatment of Acute Bronchitis.—Acute bronchitis is an exaggerated catarrh; the two diseases are essentially the same, and they require the same principle of treatment, only modified according to the character of the symptoms.

In the early stage of acute bronchitis, when the mucous membrane is dry and swollen, the hot-air bath or the wet packing may be employed once or oftener with advantage. Another very useful remedy in this stage is tartar emetic, in doses of one-sixth of a grain, combined with liquor ammoniæ acetatis. This mixture exerts a diaphoretic action both upon the skin and the mucous membrane of the air-passages; thus it brings on the stage of secretion, and with this a mitigation of the vascular engorgement. The patient should remain in bed, and the temperature of the room should be maintained at from 60 deg. to 65 deg., the air being kept moist by steam from the spout of a kettle, or a special boiler on the fire. The inhalation of steam, repeated several times in the course of the day, is often very soothing and beneficial. Hot fomentations may be applied to the front and back of the chest by means of spongio-piline, or flannels covered with mackintosh. A mild mustard-poultice to the front of the chest is a good remedy for a sense of tightness and dyspnœa; but I advise you not to excite painful inflammation of the skin by mustard or turpentine, or by any other means.

When dyspnœa, with a feeling of tightness and oppression at the chest, is urgent and distressing, the application of a few leeches to the chest, or a moderate abstraction of blood by cupping, often affords prompt, decisive, and permanent relief.—Venesection is very rarely required; though, in the case of a plethoric subject suddenly seized with general capillary bronchitis, and threatened with death from apnœa, venesection may prove a life-saving remedy. Milk and beef-tea form the most suitable diet during this stage of the disease. Stimulants and opiates are to be avoided, as a rule, on account of their tendency to increase the congestion and dryness of the inflamed mucous membrane. In the second stage, when a free secretion has been established, antimony and acetate of ammonia are to be discontinued. At this period, a combination of sesquicarbonate of ammonia, with spirit of chloroform, is useful as a stimulating expectorant and antispasmodic. Brandy or wine in moderate quantities may now be required to sustain the strength. When, in the advanced stages, there is a profuse purulent secretion, with copious perspirations, the ammonia mixture may be replaced by one, each dose of which contains a grain of sulphate of quinia, two grains of sulphate of zinc, and twenty minims of aromatic sulphuric acid. This combination often checks very rapidly the excessive secretion from the bronchial mucous membrane. The stimulating expectorants are sometimes useful at this stage of the disease—I mean senega, squills, ammoniacum, and the compound tincture of benzoin. If, as sometimes happens, the stimulating expectorants suddenly check secretion, tighten the breath, and increase dyspnœa, their employment must at once be discontinued. When the secretions accumulate and threaten suffocation, the patient being blue, and cold, and drowsy, and the cough nearly or quite ceasing, an emetic of sulphate of zinc is often wonderfully efficacious in clearing the air-passages.

Here I must give you an especial warning with regard to opium. A patient who has been sitting up in bed, labouring for breath day and night, naturally craves for sleep, and begs for an opiate. Now, a small dose of opium given in such a case, has caused fatal narcotism in numberless instances. The opiate stops the cough, and, of course, the expectoration; the patient sleeps more and more heavily; meanwhile the secretion accumulates, and causes fatal apnœa. Never, therefore, give an opiate to a bronchitic patient who has the slightest blueness of the lips. When the expectoration is quite free, and the lips are florid, you may sometimes venture to give a small opiate with antimony or ipecacuanha, or you may give a drachm of the compound tincture of camphor, or twenty minims of chlorodyne. The good effects of a few hours' sleep thus procured are sometimes very manifest.

When bronchitis is associated with blood-contamination consequent on Bright's disease, diaphoretics, purgatives, and dry cupping over the loins, are amongst the most useful remedies.

The treatment of *chronic bronchitis* is es-

sentially the same as that of the acute form of the disease. They merge into each other by imperceptible degrees. An acute attack may subside into a chronic condition, and exposure to cold will quickly convert chronic into acute bronchitis.

Amongst other remedies in the chronic stage, the inhalation of the vapour of creasote, or oil of turpentine, by means of Nelson's inhaler, is often beneficial. These vapours facilitate expectoration at the same time that they tend to check the profuse purulent secretion. The abundant secretion may sometimes be checked by inhaling, in the form of spray, a solution of tannic acid.

In treating diseases of the air-passages by the inhalation of vapours, bear in mind that these vapours rapidly pass beyond the lungs: they are quickly absorbed and enter the circulation, causing, in some instances, headache and other discomforts. The necessary contamination of the blood by the inhalation of vapours, renders this mode of medication less generally useful than it otherwise might be in the treatment of bronchial inflammation and catarrh.

Change of air, and, in particular, a residence in a mild, dry and equable climate, are amongst the most important remedial and preventive measures.—British Medical Journal, Oct. 23, 1869.

HOSPITAL NOTES AND GLEANINGS.

Employment of Chloral Hydrate in Delirium Tremens.—In considering the history of the following ten cases, treated in the Liverpool Workhouse Hospital, under the care of Dr. J. H. Barnes, it will be at once evident that chloral, like most other remedies, varies very considerably in its action with various constitutions. While in one case thirty grains were sufficient to compose and give a night's sleep to a most excited and sleepless patient, in another case seventy grains produced no effect, while in yet another ninety grains procured a sleep of only two hours' duration. In all the cases where it was effectual in its operation, sleep was produced very rapidly, ranging from a period of fifteen minutes to two hours. In none of the cases was there that perfect composure and firmness of muscle noticeable after the sleep procured by half-ounce doses of the tincture of digitalis. In most of the cases slight congestion of the eye and face, and slight perspiration, were visible; while there was an absence of any disturbance at all attributable to the drug. Ten to twenty grain doses have been advocated as sufficient for delirium tremens cases, but from his own experience Mr. Barnes is disposed to consider sixty grains the minimum dose, and that any sleep that may have occurred after the smaller doses must have been simply that which so frequently comes to the relief of this class of patients *without* the aid of medicaments.

In this remedy, though we have not an altogether perfectly reliable agent, we have one, as far as experience points, capable of procuring, in *most* cases, a very *rapid* and *peaceful* state of sleep, and capable of administration without trouble or danger in exact definite quantities.

Case 1.—J. F., aged forty-seven, was found in the rigging of a ship in the Queen's Dock, and was with the greatest difficulty got down. He was excited and raving. On October 22d, at 2.10 P. M., seventy grains of chloral were given, but produced not the slightest effect. Being still violent and noisy on the 23d, he was given four drachms of tincture of digitalis at 12 P.M.; fell asleep in half an hour, and slept more or less the whole night. On awaking he was quiet and rational.

Case 2.—J. B., aged twenty-eight, a barman, said to have been drinking heavily, was admitted October 22d, in an excited condition; would not keep in bed. He was given, at 2 P. M., sixty grains of chloral. Slept at 9 A.M. on the 23d, and was quiet till noon. Another sixty grains of chloral was given at 3 P. M. Patient fell asleep at 3.15, and awoke at 4.45. He was quiet all night. On examination next morning, there were evidences of typhus, and patient was sent to the Fever Hospital.

Case 3.—J. J., aged thirty nine, was excited and restless; would not keep in bed, being under the impression that people were going to injure him; tremulous and weak. On October 23d, at 2.10 P. M., he was given sixty grains of chloral; was slightly affected, but did not sleep. At 8 P. M. sixty grains more were given; he then fell asleep at 8.35, and slept till 6 the following morning; awoke rather excited, but slept again till 9 A. M., when he awoke rational and quiet.

Case 4.—R. B., aged forty, admitted in

an excited state, it taking five persons to control him, as he was not only violent, but very large and muscular. On October 31st he was given sixty grains of chloral at 1.40 P. M ; fell asleep at 2, and slept till 4, when he awoke excited. He vomited the first thing the next morning, and once afterwards. On the 2d November, at 2.15, ninety grains of chloral were administered, which caused him to sleep in fifteen minutes, the sleep lasting two hours, and being followed by another shorter sleep. While asleep, his breathing was as placid as an infant's; the eyelids could be raised with the finger, and the pupils were seen to be contracted; on placing the finger between the lids there was spasmodic contraction. Face flushed.

Case 5.—W. J., aged thirty-seven, was admitted, and during the whole of the first night, would not keep in bed, but was greatly excited. On November 7th he was given eighty grains of chloral. Patient went to sleep in fifteen minutes, and slept all night. On the 8th he was quiet and rational.

Case 6.—M. M., aged thirty-eight, admitted to the asylum on September 28th, 186-, for third attack of delirium tremens within a short time. Patient was pale, restless, and excited, did not sleep the whole night, or keep his bed; tremulous, with a pulse of 130 per minute. On the 29th he was given thirty grains of chloral *in* half an ounce of water. He had a quiet night, and was rational and composed next day.

Case 7.—T. K , aged thirty, was sleepless and very excited, with a pulse at 136. Kept making efforts to escape, under the delusion that people were trying to injure him. On September 30th he was given twenty-five grains of chloral, which produced no effect. On October 1st forty grains more were administered, which quickly induced sleep, lasting the night through. After the dose, the patient's face was flushed, and the body moist. There was no sickness, and on awaking he had acquired calmness and consciousness, but was slightly tremulous.

Case 8.—M. G , aged twenty-four, admitted October 9th, 1869, in a violent and excited state; would not keep in bed. Forty grains of chloral were administered in water, which rendered the patient quieter, producing a flushed face and perspiration, but no sleep. On the 11th he was given sixty grains of chloral at 2 P. M. He fell asleep at 3 P. M., and awoke at 6 P. M., sleeping again from 2 A. M. till 4 A. M. The face and eyes were congested, and the patient, on awaking, was noisy and excited. On the 12th sixty grains more of chloral were administered at 12.40 P. M., sleep supervening at 2.40 P. M., and lasting some three hours. Patient was still excited and noisy on awaking, but gradually became quieter, and was discharged well.

Case 9 —E. P., aged twenty four, was admitted on October 21st, at 6 A. M , in a very excited and restless condition; struggled violently with the attendants, under the impression that they and others were going to kill him. At 1 30 P. M. sixty grains of chloral were given, and he fell asleep at 1.55 P. M., woke at 3.45 P. M., slept again at 5.10 P. M., and was asleep most of the night. There was slight perspiration and flushing of the eyes and face, but no sickness.

Case 10.—J. M. D., aged thirty-five, was admitted on October 21st, sleepless, excited, and very shaky. At 2 P. M., sixty grains of chloral were given. Sleep commenced at 2.30, and with slight intervals continued all the afternoon and night. On the 27th, not having slept well the previous night, patient took sixty grains of chloral at 8 P. M. He fell asleep at 10 P. M., and awoke at 5 A. M. There was no sickness, flushing of the face, or perspiration.—Lancet, Nov. 27, 1869.

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Hydrate of Chloral—Dr. J. W. Ogle has been giving a trial to this new remedy in several cases. It has proved most useful and satisfactory in its action as a hypnotic in small doses—viz., doses varying from five to ten grains. In a slight attack of delirium tremens, twenty grains acted very sufficiently and well in procuring sleep. In one case only did any unpleasantness attend its administration, and that was when peculiar sensations about the head were complained of by a woman suffering from chronic peritonitis, who took five grains. On the following night four grains were given along with a few drops of chloric ether, and no such unpleasant results followed.—Lancet, Oct. 16, 1869.

In the London Hospital the hydrate of chloral has been tried, but in much larger doses than given by Dr. Ogle. A dose of half a drachm was given to a man with disease of the elbow joint; and, as this produced no effect in three-quarters of an hour, a second dose was given. No appreciable effect followed, except that the man complained of a griping pain in his stomach He had complained of this before, however. A dose of half a drachm, on the same night, was given to a patient with disease of the ankle-joint; and then a second, in about three-quarters of an hour. This patient slept a little during the night. He complained of a good deal of headache in the morning. The next night, this patient had three doses of half a drachm each, at intervals of half an hour. In half an hour after the last dose, he was sound asleep. The sleep seemed quite natural. He woke two or three times in the course of the night; and when he woke in the morning, said he had been troubled with a frightful dream. He had no headache, and seemed well satisfied with his sleep. That night he had a dose of a drachm, without appreciable effect, and then half a drachm was given, after which, he went to sleep. He did not sleep continuously, but, when he woke in the morning, was without "dreams" or headache, and felt quite refreshed.

The first patient did not care to have the medicine again the second night, but, on the third, he took a dose of a drachm without effect. A second dose of half a drachm sent him to sleep, but he woke in the night, the nurse said. In the morning, he expressed himself as quite comfortable. The cases were under Mr. Hutchinson's care.

It appeared, therefore, that doses of half a drachm, at intervals of half an hour, were quite safe in adult males, and would procure natural sleep. In neither case was sleep produced within half an hour of the last dose. No further trials, however, were made, on account of the expensiveness of the drug. If Dr. Ogle's small doses should prove effectual in checking mental inquietude, the expense will of course, not be so serious an objection. The chloral used at the London Hospital was obtained from Mr. Squire.—British Med. Journ., Oct. 23, 1869.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Rights of the Medical Staffs of Hospitals and the College of Physicians of Philadelphia.—Many of our readers are aware that the clinical lectures of the Pennsylvania Hospital have been interfered with by the Board of Managers having unexpectedly authorized female students to attend them. This innovation occurred after the male students had purchased their tickets of admission to the practice of the house, and was regarded by them, as well as by the medical staff, as being in contravention of a contract implied in the sale and purchase of the tickets, and as a measure which threatened greatly to diminish the value of the clinical lectures.

Upon the latter ground, also, a protest against it was presented at a general meeting of the physicians and surgeons attached to the several city hospitals, and was signed by them and by a number of leading practitioners.

Moved by a similar sentiment the College of Physicians has not only pronounced upon the principles involved in the particular case which suggested the judgment, but also, as becomes a body so distinguished by its age, learning, and professional rank, has grounded its conclusions upon a just sense of the dignity of the profession, and its right to have a voice in the discussion of all questions which affect the relations of physicians and surgeons with the charitable institutions which they both serve and support.

It is one of the anomalies of the present age that medicine, which was never before so full of knowledge and power, nor so lavish in conferring benefits upon society, should, nevertheless, be so generally decried by teachers of philosophy, and subjected to such wanton insults by those it has most efficiently served.

In the army and navy, not only of the United States, but of Europe also, the claims of the medical staff to an appropriate rank are treated by the political authorities with derision and contempt.

The wise and enlightened counsel of our brethren to Boards of Managers concerning the construction and economy of hospitals is unceremoniously thrust aside; their administration of medical and surgical offices is sometimes interfered with, and they are made to feel, as far as can be, that, not

educated, scientific, and skilful physicians, but managers and trustees, albeit entirely destitute of professional knowledge, are the proper and rightful judges of medical questions, and are entitled to the power, which in fact they exercise, of overriding remonstrance and despising advice. This conduct appears the more extraordinary, as it is certainly the more offensive, when it is remembered that in this country physicians serve the hospitals gratuitously, while everywhere else their services are remunerated.

The reasons for these anomalies, it appears to us, are two in number. The one is that physicians, by unselfishly giving their time and skill to public institutions, have cheapened their value. The other is that the superficial and illogical education, which even the lowest classes of society now obtain, has created a class of critics and judges whose dogmatism is on a par with their ignorance, and whom no fear of disastrous consequences deters from rash experiment and arbitrary innovation.

It seems, therefore, to be high time that whatever of manliness and independence there is in the medical profession should be aroused, and that the managers of hospitals should be told, respectfully but plainly, that they are not the owners in fee simple of these institutions, but only administer them in trust for the public who support them, for the sick to whom they are devoted, for the physicians without whom they could not exist, and for the students of medicine to whose education they are indispensable.

This statement will enable our readers to understand more clearly the subjoined resolutions, which were unanimously adopted at an unusually large meeting of the College of Physicians of Philadelphia, held Dec. 1, 1869, and ordered to be published.

"*Resolved*, That as hospitals depend in a great measure for their efficiency and good repute upon the character and skill of their medical officers, and as these officers habitually perform their laborious and often dangerous duties without compensation, and with great devotion and zeal; it would seem that justice, as well as courtesy, required that in all things pertaining to the medical discipline of such institutions, the medical staff should not only be consulted, but that no measure materially affecting the patients should be adopted without their concurrence.

"*Resolved*, That in our judgment such consultation and concurrence are equally desirable, whenever it is proposed by the governing board of a hospital to change the system, established by long usage and general consent, of giving clinical instruction; and that students of medicine authorized to attend the clinics, as well as the medical staff, have good reason to feel aggrieved by regulations which are innovations upon established custom, which affect their interests seriously, and which have been enacted without their knowledge, concurrence, and consent."

JOHN H. PACKARD,
Secretary.

—

Norfolk District Medical Society, and the Case of Dr. Green, late Passed Asst. Surg. U. S. N.—At a meeting of the above Society at Hyde Park, Mass., Nov. 10, 1869, the following resolutions were adopted. *Resolved*:—

"1. To express their sympathy with Dr. Green, and their approval of his conduct.

"2. That the resignation of his Commission was due to the dignity of the profession which he represents.

"3. That while his reprimand stands on record, it is not easy to see how any young gentleman of education and spirit can apply for admission to the Medical Staff of the Navy.

"4. That the present status of the Medical Staff of the Navy impairs the efficiency of the corps and the service, and constitutes a grievance demanding redress by Congress."

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Death from Chloroform.—A lady died in New York, Dec. 3, from the inhalation of chloroform. The jury found that her death was occasioned by inhaling chloroform to relieve headache.—Bost. Med. and Surg. Journ., Dec. 9, 1869.

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Montmorenci Springs, near Aiken, So. Ca.—Dr. W. H. GEDDINGS, a highly educated physician, has opened at the above place an institution as a retreat and sanatory resort for invalids, particularly those suffering with pulmonary affections. "It is not," he says, "in the strict sense of the term a sanatorium, but rather a pleasant and health-restoring resort for valetudinarians, as medical advice and assistance will not be given unless required and requested.

"In addition to the beneficial climatic influences which it enjoys in common with all the country surrounding Aiken, it presents the peculiar attractions of a romantic situation, the large and commodious mansion being placed on a high plateau commanding a view of a picturesque valley. Numerous springs furnish an abundant supply of the clearest and purest water, which is conveyed by an hydraulic ram to all parts of the house. A double veranda incloses three sides of the house. The southern aspect exposes it to the beneficial action of the bright sun and the mild air from that quarter, impregnated with the balsamic fragrance of the contiguous pine groves so grateful to tender lungs. The rooms are large, and the furniture modern and tasteful. The table will be provided with all procurable delicacies, carefully prepared."

In order to obtain accommodations it is desirable that visitors should apply to him by letter beforehand, so that a carriage may be at the station to meet them, and other preparations made for their suitable reception.

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Baltimore Medical Journal. — A new medical monthly with this title, to be edited by Drs. E. Lloyd Howard and T. S. Latimer, is announced; the first number to be issued early in January, 1870.

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Obituary Record.—It is with regret that we record the death, on the 17th of December, of Dr. Samuel Jackson, formerly of Northumberland, but for a number of years a resident of this city, at the mature age of eighty-two years. Dr. J. was a gentleman of extensive acquirements and an experienced physician, and contributed a number of valuable practical papers in years past to the American Journal of the Medical Sciences.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.— On the 20th of March, a patient in the Lying-in Hospital died during the administration of chloroform, while undergoing an operation for the relief of prolapsus uteri. At the *post mortem* nothing unusual was discovered, except a slight flabby state of the heart.

Another case occurred in the Melbourne Hospital about a year and a half ago, when the *post mortem* examination disclosed a diseased state of the heart, but the description was very imperfect.—Brit. Med. and Surg Journ., Nov. 25, 1869, from Australian Med Gaz.

M. L. Labbe communicated to the Imperial Society of Surgery, March 31, 1869, a case of this. The subject of it was a man æt. 42, who had fractured both bones of his left leg January 19, 1869. Six days afterwards tetanic symptoms came on. To quiet the spasm, the next day chloroform was given, but after a few inspirations the pulse ceased, and the patient presented all the apparent signs of death. Artificial respiration was resorted to, the tongue drawn out, and after a short time the circulation and respiration were re-established. The patient was then put to bed, apparently in a satisfactory condition. But a moment afterwards the respiration suddenly ceased, and despite all the usual efforts, life became extinct.—Journ. Hebdom., April 30, 1869.

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Death from Drinking Chloroform.— A man, named Shakey, æt. 50, an inmate of the General Hospital, Jersey, has died in consequence of drinking chloroform. The head nurse, Joseph Hoare, deposed at the inquest that, as he was carrying a tray with some instruments in his hand, and a bottle of chloroform under his arm, the deceased called out to know "whether the bottle contained gin." Hoare told him that it contained "stuff to send people to sleep," and gave him the bottle to smell at. Shakey took out the stopper, and, instead of smelling at it, began to drink some. Hoare seized the bottle again, after Shakey had taken about a tablespoonful. No immediate effect followed; but, when Hoare returned, in about half an hour, the deceased looked drowsy; but, when spoken to, he regained his customary appearance, and is said to have looked quite cheerful. He soon, however, was noticed to be asleep. He was roused up again, and some ammonia given him. He went to sleep again, though the doses were repeated. Salt and water were tried, and then castor oil. Notwithstanding all the nurse's efforts, however, Shakey died about three hours after swallowing the chloroform. Dr. Godfray said there was no doubt that the small quantity of chloroform had proved fatal. He had read recently of the case of a person drinking half a pint without death ensuing.

Shakey was very feeble, and suffering from an incurable disease.—Brit. Med. Journ., Nov. 13, 1869.

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Lateral Deviation of the Eyes in Cases of Hemiplegia.—Deviation of both eyes from the side of the body paralyzed is a symptom which has been remarked in recent cases of hemiplegia by several observers—Gull, Valpian, Prévost, Humphrey, Lockhart Clarke, Hutchinson, Broadbent, Russell Reynolds, and Hughlings Jackson This curious symptom occurs occasionally with extensive cerebral hemorrhage, whether this be on the surface, or within the substance of the cerebral hemisphere. Dr. Hughlings Jackson has observed it in two cases of hemiplegia presumably the result of embolism, but in neither case was an autopsy obtained. Sometimes the head is turned in the same direction as the two eyes It may last a few days or a few hours, but invariably passes off before other parts of the paralyzed regions recover. It must be carefully observed, too, that when there is continuous rigidity along with, or perhaps we should say instead of, hemiplegia, the eyes and head may turn to the side of the body affected by such rigidity or spasm; and if there be *occasional* spasm over and above the continued rigidity, the eyes and head turn still further in that direction. These two symptoms, the deviation of the head and of the two eyes, are of great physiological interest. M. Prévost thinks they imply rudimentary "rotation." They are of great value, also, in helping us to complete the parallel there seems to be betwixt hemiplegia from destruction of the corpus striatum, and hemispasm and hemichorea from instability of the cerebral region of which the corpus striatum forms part. Although the movement of turning the eyes to one side seems to be the only ocular movement lost when the corpus striatum is destroyed, the complementary study of hemispasm shows that other, probably all, ocular movements are represented in the corpus striatum. The ocular movement lost in hemiplegia is the one which is most largely represented of these movements. It suffers most in hemiplegia, just as the arm suffers more than the leg. When, however, a convulsion affects first one side of the body and then the other, we see two lateral deviations, and betwixt these, as the spasm is passing from one side of the body to the other, several conjugate deviations, showing discharge of processes for movements other than lateral of the two eyes. In hemiplegia, as we usually see it, there are no ocular symptoms. It is only when the damage to the brain is sudden and extensive that the deviation of the head and two eyes is observed. But a careful study of the phenomena of hemispasm shows, Dr. Hughlings Jackson thinks, that the cerebral hemisphere contains processes for movements of the unilateral, the alternate, and the bilateral movements of the whole body.—Lancet, Nov. 13, 1869.

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Dysenteric Arthritis.—Under this name Dr. HUETTE describes (Archives Gén. de Med., Aug., 1869) cases in which rheumatism attacks the joints during the course, or shortly after the cure of epidemic dysentery. A connection between epidemic dysentery and arthritic rheumatism has been noticed by Zimmermann, Lepecq de la Clôture, Stoll, &c. The author relates ten cases observed during an epidemic of dysentery in the Canton of Montargis, in 1854. The following are his conclusions: 1. There exists a variety of arthritis, having for its peculiar and necessary cause an epidemic inflammation of the mucous membranes of the rectum and of the colon. 2. This rheumatismal manifestation does not show itself during all epidemics of dysentery; it is dependent on a peculiar medical constitution; individual diathesis may favour its development. 3. Dysenteric arthritis differs in its causes, its progress, its general physiognomy, and in its consequences, from simple articular rheumatism. It is closely analogous to blennorrhagic rheumatism. 4. Dysenteric arthritis, which is almost always polyarticular, has a variable duration from several weeks to several months. It terminates by resolution in a large majority of cases, but under certain rare conditions it may end by suppuration and anchylosis. 5. Metastasis does not furnish an explanation of the occurrence of the arthritis, according to the old doctrine; it is more rational to explain its occurrence by a morbid affinity, which, the mucous membranes being affected, determines reflex pathological effects on other tissues.—Brit. and For. Med.-Chir. Rev., Oct. 1869.

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Successful Ovariotomy performed in the Fourth Month of Pregnancy, after Rupture of the Cyst and Peritonitis.—Mr. HENRY BATEMAN reports in the Lancet for Sept.

18th, 1869, this case, occurring in a woman æt. 36, the mother of eight children. Mr. Spencer Wells was called in consultation, and confirmed the diagnosis as to the presence of an ovarian tumour, with free fluid surrounding it in the peritoneal cavity, and pregnancy about the commencement of the fourth month. It was agreed to offer the patient the choice of early tapping the abdomen or removing the ovary, but the latter was recommended notwithstanding the special risks arising from her pregnant condition and the coexistence of diffused peritonitis. The major operation was decided on. The tumour, with its contents, and the fluid surrounding it, weighed altogether thirty-seven pounds. There was a general injection of the peritoneum, but no recent lymph. There was some omental adhesion, and one vessel there needed a ligature, which was left in the abdomen. The pedicle was secured by a clamp, and fixed outside the wound, which was united by interrupted suture. Mr. Wells was extremely careful to cleanse the peritoneal sac thoroughly of all ovarian fluid, by repeated sponging, before closing the wound.

On the twenty-eighth day the patient returned home, in good health.

This case proves, 1st. That ovariotomy may be performed successfully when pregnancy has advanced to the fourth month, without occasioning abortion.

2dly. That recent peritonitis, consequent on a ruptured cyst and escape of its contents into the abdomen, is no bar to the operation.

3dly. That both these together will not preclude ovariotomy by the hands of a skilful operator, when the patient is calm, trustful, and in all respects amenable to the directions of the medical advisers, as was the case in this instance.

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Indian Hemp in Hydrophobia.—At a recent meeting (Dec. 2d) of St. Andrew's Medical Graduates' Association a communication was read from Prof. POLLI. of Milan, recommending the use of Indian hemp in large doses in hydrophobia. He related a case in which, although the patient died, the horror, and violence, and raving which torture hydrophobic patients were entirely subdued by its use.

In the discussion which ensued, Dr. Ross expressed an opinion that the frightful symptoms accompanying attempts to swallow were not depending on a mental or moral cause, but resulted from physical pain produced by any act of deglutition. He related a case which he had seen lately, in which Dr. Lockhart Clarke discovered no lesion of the nervous centres, but in which there was the small ulcer in the back of the pharynx, which had been described as an accompaniment of the disease.

Professor Polli also added a note on the fact that coffee, tea, and cocoa assist, while lemon juice, citric, malic, acetic, and tartaric acids prevent, the action of Indian hemp. The latter may truly be called antidotes.—Lancet, Dec. 11, 1869.

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Ascites cured by Copaiba.—Sir HENRY THOMPSON communicated to the Clinical Society of London a case of ascites successfully treated by copaiba. G. W——, aged sixty, was admitted into hospital under Sir Henry's care, on November 30th, 1868, with ascites, puffy ankles, pulmonary œdema, and scanty urine without albumen. His health had been good till July, 1868. During the following three months various remedies were employed, quinia and iron amongst others; but his condition became worse and worse, the increase of liquid in the peritoneum being so rapid that paracentesis was three times required. In March, the administration of copaiba was commenced, the dose being gradually increased until fifteen minims were taken every six hours. The improvement was immediate. The quantity of urine increased from fourteen ounces daily to several pints, and the belly measurement diminished from day to day. He left the hospital convalescent on May 10th, and is now in good health. In his comment on this case, Sir Heury Thompson pointed out that, although the quinia and iron may have contributed to the result, yet improvement commenced before they were given, and he considered that the copaiba acted beneficially as a diuretic.—Lancet, Nov. 27, 1869.

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Ice Poultices in Tympanites—The Paris correspondent of the *British Medical Journal* states (see No. for Oct. 23, 1869) that Dr. Peter, Physician to La Pitié, employs a very efficacious and little known method of subduing the tympanitic distension of the abdomen, so often an urgent symptom in typhoid fever, viz., the use of what may be called "ice poultices." Small fragments

of ice are scattered over a thick layer of dry linseed meal: in this way a poultice is formed, which, in consequence of the slow melting of the ice, is kept at the temperature of melting ice. To Professor Monneret belongs the credit of conceiving and introducing to the profession this very valuable method of treating tympanites.

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Diabetes in a Case of Tumour of the Medulla Oblongata.—J. B. Dompeling reports (Nederl. Arch. voor Geneeskr., 1868, IV, and Archives Gén. de Méd., May, 1869) the case of a patient who met with a fall on the back of the head when about fifteen years of age. Since that time he suffered from sharp pains in the head and in the back of the neck; the lower limbs became considerably enfeebled, and there was diplopia. During the space of some years paresis of the limbs of the right side became established with marked blunting of tactile sensibility; sensitiveness to heat was augmented; all the muscles of the right eye were paralyzed; at the same time symptoms of diabetes appeared. The urine contained from five to seven parts per cent. of sugar; this proportion diminished during a season passed at Carlsbad, but soon after the disease advanced and was accompanied by fever and cough. The patient died suddenly six years after the first symptoms were observed. After death a tumour about the size of a small nut was found occupying all the right half of the medulla oblongata. It was continuous with the medulla, not limited. It was formed by a fasciculated sarcoma. On its inferior surface were found two small vesicles filled with fluid, but containing no trace of cysticercus. The longitudinal furrow of the floor of the fourth ventricle was thrust to the left; the roots of the accessory nerve and the lower root of the pneumogastric were very atrophied.—Brit. and For. Med.-Chir. Rev., Oct. 1869.

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Unique and Remarkable Case of Extra-Uterine Fœtation.—Dr. Lecluyse gives a remarkable case of this accident. A woman of twenty-eight, with deformed pelvis, was operated on, and delivered by Cæsarean section, August 15, 1866. She again became pregnant and in labour on March 23, 1868. On examination, the fœtus could be felt beneath the abdominal walls; but the pains shortly ceased, and it was determined to postpone the operation of section. In a few days a vaginal discharge of menstrual or bloody character appeared; no motions of the fœtus were felt, and the lower portion of the abdomen formed a kind of sac for the fœtus.

Cæsarean section was now performed with every care, and a seven or eight months' fœtus removed, which was well developed, and dead. The placenta was adherent to the intestines. The wound was closed by sutures, save at the lower part, from which the umbilical cord was allowed to depend, as it was not thought possible safely to detach the placenta by reason of its vascularity. On the fifth day the placenta was decomposed, and part of it removed; the patient died on the tenth day. On examination after death, it was found that the intestines bore no imprint of the placental attachment; but, what was most remarkable and interesting, the uterus, about the size of a goose-egg, was found in the right iliac fossa held by strong adhesions, and on its anterior aspect, and a little to the left of the mesial line, was the open wound left by the incision made in the former Cæsarean operation. The sides were cicatrized separately, and left a hiatus through which the ovum had escaped, and formed this remarkable and perhaps unique example.—Med. Press and Circular, Dec. 8, 1869.

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The Heart Transfixed by a Needle.—Prof. Biffi, at a meeting of the Milan Institute, presented the heart of a lunatic who had died in consequence of gangrene of the tongue which had supervened upon a bite which he had inflicted upon it during a maniacal paroxysm. At the autopsy a needle six centimetres in length was found in the left ventricle, its point, after perforating the valve, penetrating to the extent of one centimetre and a half into the left auricle. On inquiry being made, it was ascertained that the lunatic, twenty-two months prior to his death, had announced to his relatives that he had forced a needle into his heart; but little attention was paid to his statement, especially as no symptom of any disorder in the chest manifested itself, the pulse during all this time, too, being quite regular in its beats. Full details of the case are to be shortly published. —Med. Times & Gaz., Oct. 30, 1869, from Gaz. Med. Italiana-Lombardia, Oct. 16.

Experiments with Cobra Poison.—Dr. FAYRER is still continuing his experiments on snake poison. Certain specifics sent him by enthusiastic possessors thereof have failed to show any antidotal virtues. Various sets of experiments have been made to test the effect of tightly ligaturing the limb, both before and after the bite of the cobra, on the absorption of the poison. In the first set, ligatures were thrown loosely round the limbs of dogs, and tightened as firmly as a man's strength could draw them immediately after the limb had received the bite of the snake; the wound was also cauterized with a hot iron, carbolic acid being first rubbed into it; death, however, ensued in the usual time—showing the rapidity with which the poison is absorbed, and how much must be absorbed before a ligature can be used, even in the quickest possible manner, after the reception of a bite. The effect of tightly strangulating a limb before it was bitten was to retard the entry of the poison into the system; but so subtle is the poison, and so great its diffusive power, that after a while death resulted in fowls The free use of the ligature, however, gives a certain amount of time to operate locally in attempting to neutralize the venom in the wound. Dr. Fayrer has noticed that occasionally a poisonous snake may bite without poisoning —a fact that should be remembered in explanation of so-called cases of recovery from snake-bite. To show the potency of the cobra poison, it may be mentioned that forty drops of the blood of a dog poisoned by a cobra, diluted with water and injected into a fowl's thigh, killed the bird in seventy-five minutes. Excision has also been practised by Dr. Fayrer, at once, within two or three seconds after the bite; yet in the meanwhile enough poison often entered the system to cause rapid death, though the fatal issue was retarded. The inference drawn is, that to cut the bitten part out extensively and immediately gives, perhaps, the best chance of recovery.—Lancet, Nov. 13, 1869.

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What is Blood-Fibrin?—A few years ago, physiologists thought that they had a tolerably clear notion as to what the fibrin of blood is. Schmidt, however, threw doubt on the matter by his theory that the fibrin of blood-clot does not exist as such in the circulating blood, but is the result of the union, out of the body, of "fibrino-plastic" and "fibrinogenous" matter. This year, Messrs. Béchamp and Estor have, in communications to the Academy of Sciences in Paris, announced that the substance called blood-fibrin is only a false membrane, formed of the organic molecules (*microzymes*) of the blood, aggregated by a substance which they secrete from the albumen of the blood. In a communication made to the Academy on September 20, they describe further researches in confirmation of their theory. They allege that the so-called fibrin, under favourable circumstances, is capable of being resolved into microzymes and bacteria—the latter being formed by the aggregation of microzymes. —Brit. Med. Journ., Oct. 9, 1869.

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Prof. Polli's Theory in regard to the Sulphites.—Polli's theory has been energetically questioned in Florence by Dr. Bellini, who endeavoured to prove that when the sulphites are given for some time in pretty large doses they may retard morbid fermentation, not as sulphites, but by rendering the fluids of the economy more alkaline. Dr. Paganucci supported this view (at a meeting of the Physico-Medical Society of Florence), and stated that, for anatomical purposes, he succeeded in retarding putrefaction by injecting into the vessels a solution of carbonate of soda.

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New Bases in Opium.—Since the discovery of apomorphia by the action of hydrochloric acid on morphia and codeia, further experiments have been carried on in the same direction in the chemical laboratory of St. Bartholomew's Hospital. We now learn on good authority that during the past fortnight three new bases have been discovered: one by the action of hydroiodic acid on codeia, the second by the action of water on chlorocodide, and the third by the action of hydrochloric acid on papaverine. We look forward with interest to the investigation of the physiological properties of these new bases, which, we understand, is being carried on by Dr. Gee.—Lancet, Sept. 25, 1869.

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Exuberance of Life in Great Varieties at Enormous Ocean Depths.—One of the most important scientific communications received of late years by any learned society is the report on the recent deep-sea ex-

plorations, made to the Royal Society on Thursday, Nov. 18th, by Dr. Carpenter. Our space will not allow us to make an analysis of it, but we may mention one or two of the startling facts which the deep-sea dredging has brought to light. The explorations have been conducted on board H. M. S. *Porcupine*, by Dr. Carpenter, Professor Wyville Thompson, and Mr. Gwyn Jeffreys. In the first place, this and former explorations have fully proved contrary to all preconceived opinions that life exists in wonderful variety and exuberance at enormous ocean depths, and that the temperature of the deep sea presents the most remarkable variations in degree.

"More remarkable still, it was found that a difference in bottom temperature between 32° and 47° existed at points only eight or ten miles distant from each other, beneath a uniform surface temperature of about 52°, and that where this was the case in the cold area the bottom was formed of barren sandstone, mingled with fragments of older rock, and inhabited by a comparatively scanty fauna, of an arctic or boreal character, while in the adjacent warm area the bottom surface was cretaceous, and the more abundant fauna presented characteristics due to the more temperate climate."

It is easy to see how this discovery gives to the winds many of our cherished ideas with regard to the succession of strata and of geological periods.

"The upheaval of a few miles of sea-bottom subject to these conditions would present to the geologist of the future two portions of surface totally different in their structure, the one exhibiting traces of a depressed, the other of an elevated temperature; and yet these formations would have been contemporaneous and conterminous. Wherever similar conditions are found upon the dry land of the present day, it had been supposed that the high and the low temperature, the formation of chalk and the formation of sandstone, must have been separated from each other by long periods, and the discovery that they may actually coexist upon adjacent surfaces has done no less than strike at the very root of many of the customary assumptions with regard to geological time."

Well might Sir Charles Lyell call these discoveries almost revolutionary in their character. It has been hitherto the custom to talk and write about the dark caves and recesses of ocean, but all this must be expunged from scientific writing and left to the poets. From the most profound depths —more than two thousand fathoms, nearly the height of Mont Blanc—animals of high organization, *and with perfect eyes*, have been brought to the surface by the dredge. Sir Charles Lyell suggested that the light which these creatures evidently enjoy must be a phosphorescent one. Over the whole of the warmer areas explored, the bottom was found to be covered with globigerina deposit—animals actively engaged in chalk formation. In the colder areas these are not found, but there we have beds of volcanic sand, with whole nations of echinoderms. Besides, from these great depths the dredge has brought up delicious sponges and foraminifera, zoophytes, molluscs, annelids, and crustaceans. One hundred and twenty-seven species of mollusca not previously known to exist in British seas were made captive, and many of them belong to new species. Dr. Carpenter promises shortly to exhibit to the Fellows of the Royal Society specimens of all the treasures of the deep which are thus wonderfully brought to light.—Med. Times and Gaz., November 27, 1869.

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Nitric Acid formed during a Thunderstorm.—Mr. Pepper says that when a spark from the great induction coil at the Polytechnic is passed through common air the result is a red coloration when blown against damp litmus paper. In order to ascertain whether the acid product was nitric acid, the "flaming" spark (nine or ten inches in length) was passed through a bottle containing distilled water, from which another tube passed to the air-pump on drawing the air slowly over the spark, and passing the former into the bottle, nitric acid was obtained in large quantities, so much so that it could be detected by the smell and taste as well as by the ordinary tests. The popular notion that nitric acid is always produced during a thunderstorm would, therefore, appear to be correct. Also, it is evident that the purifying influence of a thunderstorm is a popular idea founded on facts.—Med. Press and Circular, Dec. 8, 1869.

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Mr. Peabody.—In the Lancet for November 13th, 1869, we find the following

eloquent and just tribute to this eminent American.

"We cannot withhold our tribute of praise from this great philanthropist. It would be presumptuous to attempt to magnify his munificence, or to specify the details of it. But we may be allowed to praise the wisdom which guided his charity, and especially the discrimination which induced him to spend so much of the money which he gave to the poor in the way of providing comfortable and decent homes for them. It is doubtful charity that merely throws money to the poor; but that is wise kindness that endeavours to place them in physical conditions favourable to health, decency, and comfort. It is becoming more and more evident that the attention to the physical surroundings and conditions of the poor is, on sound basis of all measures that are employed for their moral and spiritual improvement. The process pursued [illegible] Model Lodging Houses in Peabody Square, which we have visited, is [illegible] Each family has its own [illegible] Such arrangements [illegible]

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[illegible] Dr. Richardson has [illegible] Medical Society, [illegible] 28th [illegible] Dr. Richardson [illegible] Sir Benjamin [illegible] Dr. Richardson [illegible] He employed [illegible] burning [illegible] sulphite [illegible] digestion. [illegible] Dr. Richardson [illegible] Dr. Richardson [illegible] Dr. Richardson

to free the patient from the disagreeable smell of the iodoform.—Lancet, Oct. 2, 1869

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Danger of Uterine Injections.—Dr. COHNSTEIN gives (Beiträge z. Chron Metritis) a careful historical survey of the practice and opinions of those who have related their experience upon the injection of fluids into the uterus. The general results seem to be that the injection of very powerful caustics is likely to cause inflammation of the uterus and peritoneum, or severe prostration and uterine colics, and these dangers are less urgent if care be taken first to dilate the cervix uteri so that the return of the fluid injected into the cavity is easy —Brit. and For. Med.-Chir. Rev., Oct. 1869.

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Narcotics.—A book of Dr. FRONMULLER has just been published by Enke, in Erlangen, which is of great importance to pharmacologists and medical men in general: "Clinical investigations on the Action of Narcotics" These investigations extend over a lapse of nineteen years, and refer to 2328 actual cases, in each of which the experiments were repeated three successive times. The author principally studied opium and its alkaloids, cannabis, hyoscyamus, lactucarium, lupulin, musk, and solanin. Bromide of potassium did not seem to possess actual narcotic properties, and narcein was also found wanting; but cannabis yielded excellent results.—Lancet, Dec. 11, 1869.

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Mixed Clinics.—In an editorial in the (London) Medical Times and Gazette, Dec. 11, 1869, it is observed: "From America we received our first specimens of medical women. From America the first loud remonstrance on the part of medical men against the intermingling of the sexes in clinical study has just now reached us. Our transatlantic brethren have been the first to try the system, and a protest against it, signed by the medical and surgical staffs of twelve hospitals and medical schools, and by between sixty and seventy physicians practising in the city of Philadelphia, now lies before us. The protesters, amongst whose names will be found many of world-wide reputation, speak in no measured terms of the utter indecency of clinical teaching in classes composed of both sexes. They show that in such a class efficient instruction can only be given at the expense of modesty." After quoting several extracts from this document, the article concludes with the following remarks: "The idea of these ladies, either on the subject of physical examination in disease, or else of what female modesty requires, must be, we think, in a remarkably rudimentary condition. Good female nurses are the ministering angels of the sick-room. If ladies wish to be doctors, as long as they will get educated and examined apart from men, we have no wish to hinder them; but the idea of young men and women examining together in the same wards the chests and abdomens of male and female patients, and experimenting on their excretions, is simply revolting. We are glad that the medical men of Pennsylvania have come forward to protect at least the modesty of their own sex. We hope that their example will not be lost on the other, and we commend the whole position to the consideration of the Universities of Edinburgh and Paris."

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Saline Particles in the Atmosphere at the borders of the Ocean.—Dr. DHERCOURT states (L'Union Médicale, Oct. 2, 1869) that he concludes from numerous researches that there exists at the borders of the ocean an atmospheric zone which is constantly impregnated with saline particles.

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The Preservation of Wines.—Four years ago, M. PASTEUR announced that he had ascertained that wines became spoiled in consequence of the presence of microscopic organisms, which could be destroyed by exposing the wine to a temperature of 55 *centigrade* (131 deg. Fahr.) for a few moments only. A committee of experts in wines was appointed to make a comparative examination of wines which had, and which had not, been subjected to heat; M. Lapparent being president, and M. Dumas and M. Pasteur assisting. They have concluded, that it is impossible to deny that the preservation of wine in bottles is greatly improved by heating; that the destruction of the germs is perfect, without the least impairment of the taste, colour, or limpidity of the wines.

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Scarlet Fever in London.—The epidemic of scarlet fever in London continues to increase; the number of deaths from that disease during the week previous to 11th December was 245.

WELLS ON THE EYE—Just Issued.

A TREATISE ON DISEASES OF THE EYE.

By J. SOELBERG WELLS,

Professor of Ophthalmology in King's College Hospital, &c.

First American Edition, with additions. With over Two Hundred Wood-cuts and Six colored Plates, together with selections from the Test types of Snellen and of Jaeger.

In one large and handsome octavo volume of 736 pages, extra cloth, $5 00; leather, $6 00.

A work has long been wanting which should represent adequately and completely the present aspect of British Ophthalmology, and this want it has been the aim of Mr. Wells to supply. The favorable reception of his volume by the medical press is a guarantee that he has succeeded in his undertaking, and in reproducing the work in this country every effort has been made to render it in every way suited to the wants of the American practitioner. Such additions as seemed desirable have been introduced by the editor, Dr. I. Minis Hays, and the number of illustrations has been more than doubled. The importance of test-types as an aid to diagnosis is so universally acknowledged at the present day that it seemed essential to the completeness of the work that they should be added, and as the author recommends the use of those both of Jaeger and of Snellen for different purposes, selections from each have been added, so that the practitioner may have at command all the assistance necessary. The work is thus presented as in every way fitted to merit the confidence of the American profession.

A work everywhere, at home and abroad, the subject of commendation, all agreeing that the entire science of ophthalmology, as it exists today, is here faithfully presented and illustrated, wherever illustration was possible. The American editor, Dr. I. Minis Hays, has added more than a hundred wood-cuts to the work, and selections from the test-types of Jaeger and Snellen, which are only referred to, and recommended in the English edition.—*Nashville Med. and Surg. Journ.*, Oct. 1869.

Without doubt, one of the best works upon the subject which has ever been published; it is complete on the subject of which it treats, and is a necessary work for every physician who attempts to treat diseases of the eye.—*Dominion Med. Journal*, Sept. 1869.

This work embraces the modern doctrines and practice of British and foreign schools of ophthalmology, with adaptations to the American student from the pen of Dr I. Minis Hays, of Philadelphia. The pre-eminent standing of the author in this department of science is ample evidence of the value of the book. No other work can compare with it, except the Treatise of Stellwag, which is a translation from the German, and which represents the German school—the pioneers, by the way, in modern ophthalmology. To American students and practitioners, the treatise of Wells, whilst it embodies the substance of German ophthalmic science, is enhanced in value by the superadded labors of numerous British explorers and operators.—*Pacific Med. and Surg. Journal*, Sept. 1869.

Great care has been taken by Professor Wells to point out the great advances that have been made in late years by British and Continental ophthalmologists; modern views on pathology and treatment are given, and their value tested by the results of clinical experience. The manner in which a great mass of accumulated information is laid before the reader in this well-filled volume leaves nothing to be desired. It is the production of one who seems to have the power of giving, in very clear language, the results of long-continued devotion to the study of his subject in foreign cliniques, and, as a teacher and assistant surgeon in the chief ophthalmic school of this country; it has, moreover, the great advantage of being a thoroughly practical work, dealing not so much with disputed points or minute differences of morbid structure, as with diagnosis and treatment.—*Lond. Med. Times and Gaz.*, July 24, '69.

To the general practitioner, we unhesitatingly declare that the work of "Wells" will in preference commend itself, by its clear and intelligent style, and comparative freedom from technicalities. In respect to its composition we cannot give it higher compliment than to award to it, in its special province, that position which Watson's Theory and Practice of Medicine holds among systematic works upon general medicine; and this rank it will continue to hold till another Helmholtz, or another Donders shall arise, and to a wondering and admiring world present another mechanism or another master-key, that shall again revolutionize the science of ophthalmology, and require its literature to be re-written.—*St. Louis Med. Archives*, Aug. 1869.

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CLINICS.

CLINICAL LECTURE.

Clinical Observations on Lithotomy, and on Certain Cases of Enlarged Prostate.—By Sir WILLIAM FERGUSSON, F.R.S., &c.

Although probably no subject in surgery has been written about so voluminously as lithotomy, it has often appeared to me that many things associated with this operation have been carelessly passed over, or so slightly noticed that, practically, they may be said to have escaped observation. Supposing this statement to be correct, I am disposed to account for it by the circumstance that the most experienced lithotomists have not always been the best or most comprehensive writers on the subject. The reticence of Rau and of Cheselden is an appropriate illustration; and treatises on the operation have been written by many who have had such limited personal experience that important practical matters have often been overlooked, while things having no existence have often been dwelt upon as if of common occurrence. As an illustration of this last statement, I may refer to the so-called infiltration of urine alleged to be so common after this operation. Such an event, if it ever occurs, is exceedingly rare, and I have never seen an example of the kind. An erysipelatous inflammation, with considerable infiltration of serum, lymph, and pus, has occasionally been mistaken for this state, I believe. I have often seen instances of great accumulation of urine in the bladder after lithotomy, without the smallest infiltration.

As my personal experience in lithotomy extends to nearly two hundred cases, besides numerous operations I have witnessed in the hands of others, I trust that it may not be deemed presumptuous on my part if, claiming some authority on the subject, I venture to record some points which have been little noticed, if at all, by the gene-

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rality of writers on this absorbing subject. I am the more induced to do so, because I have reason to think that some observations on lithotomy in children, made by me in my lectures at the College of Surgeons in 1864, have had good effect. What I then stated was the result of much thought and considerable individual experience. The distance of the neck of the bladder from the perineum, the ease with which the membranous portion of the urethra may be torn across, and the facility with which the prostate and the neck of the bladder may be thereafter pushed upwards and backwards, were particularly dwelt upon; and a seemingly correct explanation, as I hope, was given of the frequency of not finding the stone in this operation, as also regarding the conclusion that stone had not actually been present in such cases—the real fact being that the operator had failed to reach the bladder. More mistakes of this kind have been made on children than on adults, and experience has convinced me that the difficulties and mechanical dangers are actually greater in children than in the adult. On the occasion referred to, I pointed out the common error of supposing that because lithotomy is comparatively so successful in its results in children, it is easy of performance in similar proportion. Such however is, in my opinion, not the case; and youth, with the strong natural disposition to reparation of wounds in early years, are the principal reasons for the happy results of this operation on patients under the age of puberty.

In my experience I have learned something more about the prostate than is usually stated in books about lithotomy, or about that organ itself. Operative surgery and surgical pathology have been largely taught by the pure anatomist, who has had little experience in either subject; and there has been on that account, in my estimation, a large amount of questionable doctrine laid down for the guidance of the practical surgeon. He may, indeed, be years in practice before he can, by thinking for himself, get rid of what I am often disposed to call dissecting-room surgery. I look back with amazement at the amount of writing and so-called instruction as to the limit or want of limit of incisions in the prostate in lithotomy. The healthy prostate, such as it may be considered between puberty and fifty years of age, has usually been taken as the standard of size. In accordance with theories of the teacher or author, a limited incision has been the favourite with one, whilst a free wound through the whole substance has been inculcated by the other. Yet lithotomy is more rarely required during the period referred to than at an earlier or later date. In two-thirds of the cases for this operation the prostate is either below or above the size most generally indicated in these speculations. In early years there can be no doubt that it is either cut or torn throughout; but in advanced years it may be doubted if it ever is either torn or divided entirely, excepting in rare instances, even by those who profess to use the knife freely in this part of the operation. Without proposing at present to discuss the question of free or limited incisions, I am desirous of drawing attention to the circumstance that the lithotomist often deals with the prostate in old men under circumstances very different from those under which it is seen by the pathologist or treated in ordinary practice. The pathologist and practitioner usually look upon the enlargement as a whole, or perhaps with reference to the special enlargement of the middle lobe. The one looks to the appearance of the enlarged parts; the other thinks of the effects of these upon micturition, or how, where there is much irritation associated with the condition, he can best and most readily give his patient relief by catheter or otherwise.

Now, although most formidable cases of stone are often met with in old age without any marked enlargement or change in the prostate, it frequently happens that the lithotomist finds the gland enlarged, and in the ordinary lateral operation his knife, finger, and instruments, pass through the part where enlargement is almost invariably greatest—viz., the lateral lobe. In the normal state of the prostate, the firm fibrous structure, as usually seen by the anatomist, can be readily appreciated. Even when there is enlargement, the firm fibrous character may still seem predominant. But in many instances, as the forefinger passes towards the bladder, the sensation is as if its point glided through several rounded bodies in the substance of the gland, which are but slenderly in contact with each other. It is seldom that the pathologist takes this route in examining or displaying the gland, and so perhaps little has been

said about this condition. For my own part, although, like others, familiar with the condition, I had never heard any reference to it in association with lithotomy, and it was not until I had some considerable experience in this operation that I perceived the great importance of the fortuitous combination. Repeatedly I had been conscious, during a succession of operations, of feeling, and often, too, of seeing, this condition. The feeling may be easily understood, but seeing can only be appreciated after explanation. When the stone is being extracted, within the grasp of the forceps, there is often considerable resistance, even when the knife and forefinger have been freely used to give ready passage to and from the bladder. In some instances the stone, whilst all but through the wound, seems to be held *in situ*. If at this time the operator looks carefully, particularly on pushing the skin and the margin of the wound a little aside, he will see some tissue or substance between the blades in the space between the hinge and stone. With a slight pressure of the point of the finger this object will disappear from between the blades, and extraction will then seem comparatively easy. This is in reality one or more of the lobules referred to. It has not been grasped between the blades in seizing the stone, but has slipped into the space, as the forceps and stone have been drawn outwards. On such occasions I was glad to let the substance remain without further notice, and I confess to the fear that by referring specially to what I had noticed I might be deemed to have used unwarrantable liberties with the prostate. After repeated experience of this sort, it occurred to me that the propriety of leaving such loosened masses was questionable; and at last, on a tempting occasion, I seized, after the extraction, one or more of these bodies, and partly tore and partly cut them away. To my great delight, no evil followed, and the patient, about seventy-five years old, made a most satisfactory recovery, having no special symptoms afterwards.

In 1848, I exhibited specimens of this kind at the Pathological Society of London, and not long after heard whispers about rough and improper proceedings in lithotomy—coming chiefly, or rather solely, from those who had rarely, if ever, performed the operation. Criticism of the kind was almost enough to deter from similar pathological information, but I have since followed the practice repeatedly whenever it seemed to me needful, and I have never had occasion to regret doing so. The subject has recently been brought under my notice in a peculiarly interesting manner. During lithotomy on a patient nearly eighty years of age, in whose case my anxiety was special, I recognized this condition of the prostate. There was no peculiarity in the operation, but in extraction I recognized the hitch above referred to. When the stone was extracted I turned my attention to the lower part of the prostate, and found it so loose already that I accomplished its enucleation with the point of the forefinger of my left hand, with as much readiness almost as if it had been a stone lying loose in the left lobe of the prostate. The circumstances were peculiar, perhaps unprecedented in the history of lithotomy, and I drew the special attention of a professional brother, a near relation of the patient, who was present, to the circumstance. I felt convinced at the time that, whatever might be the result, I did the best for the patient, although his condition was critical in the extreme, and the operation was deemed a last resource. His recovery was slow, owing to previous exhaustion, but there never has been any irritation in the prostate. I do not feel at liberty to mention all the features and history of this case, but I pledge my word and name, for what may be their value, that it is worthy of being a precedent case.

The thought of being of service to any future sufferer, or any professional brother, induces me to put such experience on record in a manner more forcible than heretofore. The interests of patients and of surgeons are alike involved in these observations; and there are points or questions connected with them which, in my estimation, deserve attention from all engaged in the department of surgery to which the above remarks relate. In many cases of stone in the bladder the distress of the patient is plainly attributable to this cause; but occasionally the presence of stone produces so little irritation that its discovery is a matter almost of chance. Often, however, enlargement of the prostate gives rise to most, perhaps all, of the symptoms and sufferings of stone. When stone is combined with enlarged prostate, who can say from which cause the distress is greatest? So if it

happens that the surgeon is called upon to relieve his patient from stone, and finds an enlarged prostate at the same time, why should he not, in extracting the stone, when it seems in his power, as in the cases above referred to, take away a superfluous portion of the prostate at the same time? The masses alluded to seem like adenoid tumours in the original substance of the prostate; their removal may be deemed a relief, and a possible solution of the distress of enlarged prostate; and as the entire wound in lithotomy most generally closes by granulation, the very removal of such wellnigh isolated masses will leave less surface for inflammation, suppuration, and granulation. If allowed to remain, it is not likely that they will adhere to their former site by immediate union; if they do not, a larger surface must be exposed to the irritating influence of urine, and a double suppurating and granulating surface must be the result.

But without speculating on such matters, I hasten to enunciate the conclusion at which this paper aims. There is a certain timidity in the practice of surgery which may in many respects be deemed becoming; and precedents are often as much prized among us as with practitioners in law. There would, however, be no progress unless some one from time to time stepped out of the accredited course; and so, with such authority as I can humbly claim, I have thus ventured to put on record what some of my professional brethren may have hesitated to do, from a fear that they have been guilty, in their operations, of perpetrating some rough mechanism not in accordance with that nicety of manipulation which is thought so essential in the performance of the master handiwork in surgery—lithotomy.—Lancet, Jan. 1, 1870.

HOSPITAL NOTES AND GLEANINGS.

Injury of the Left Eye from Foreign Body; twenty-six years afterwards Sympathetic Inflammation in Right; extirpation of the injured Eye, followed by very rapid recovery of the other.—The following case is of special interest in two respects: first, on account of the length of time which elapsed between the injury of the left eye and the sympathetic mischief in the other; and, secondly, the great and rapid improvement which followed the excision of the injured eye.

J. K., aged forty-two, ironfounder, applied at the Royal London Ophthalmic Hospital, Moorfields, on March 2d, 1869. The left eye had been lost twenty-six years ago, through an injury from a piece of metal. The globe is now shrunk to about a quarter of the normal size, and is very painful on pressure. The right eye remained perfectly well after the accident, until 1860, when it was attacked with iritis, for which an iridectomy was performed at that time; it being, however, deemed unadvisable to do anything to the left eye. Since the iridectomy in 1860, he has been able to follow his occupation up to Christmas (1868), when the right eye again became inflamed, and its sight gradually failed more and more.

On March 2d, 1869, the right eye presented the following symptoms: The eye-tension is normal, the field of vision complete, but the sight so much impaired that he cannot decipher letters of No. 20 of Jaeger's test-types, but only see their black outline. The cornea is somewhat hazy, the iris inflamed, the pupil clouded, and with the ophthalmoscope hardly any reflex could be obtained from the fundus. The left eye had become irritable and painful about three weeks before, and was very *tender to the touch*. Atropia drops and warm fomentations were prescribed; but as the condition of the right eye was but little improved, the extirpation of the left was strongly urged by Mr. Wells, and the patient submitted to its removal on March 19th. A piece of iron was found in it, firmly imbedded in a mass of exudation-matter (on the inner side of the sclerotic), in the centre of a firm, fibrous cord, which appeared to be the shrunken and disorganized retina.

March 23d.—The right eye has improved so much since the extirpation of the other four days ago, that the patient is now able to read words of Jaeger 16. The inflammatory symptoms have greatly subsided. The cornea and pupil are clearer. There is still, however, but little reflex from the fundus.

30th.—Read words of Jaeger 10. The refracting media are much clearer, and the outline of the optic disk can be distinctly seen with the ophthalmoscope.

The patient ceased to attend the hospital after this date, but returned home to Yorkshire. He writes, however, in the middle

of October, that his right eye is strong and well, and its sight so much improved, that he is able to follow his employment as superintendent of an iron forge.

Clinical Remarks by Mr. Wells.—Injuries from foreign bodies, *e. g.*, splinters of steel, glass, gun-caps, &c., which have become lodged within the eye, are a very frequent cause of sympathetic mischief. Inflammation of the iris, ciliary body, and choroid may supervene upon the injury, producing subsequently atrophy of the eyeball, which may shrink down to a small shrivelled stump. But even then the danger of sympathetic inflammation in the other eye, if this has hitherto escaped, is not past; for these stumps, which contain a foreign body, are a source of constant risk as long as they *remain painful to the touch*, and show signs of irritability. Many years may elapse after the injury, and the wounded eye be free from all inflammation, and be perfectly quiescent, when suddenly it becomes irritable, and symptoms of sympathetic irritation or inflammation show themselves in the other. In such cases the only remedy is the immediate extirpation of the injured eyeball; indeed, it is wiser to remove it at once after the injury, if its sight is lost, or very greatly and irremediably impaired, more especially if a foreign body is lodged deeply within the eye, or the patient resides at a distance from medical aid, so that a careful watch cannot be kept over him, and the first symptoms of sympathetic mischief at once detected.—Lancet, Dec. 18, 1869.

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Croup; Tracheotomy; Death.—The following case is of unusual interest. The history points in the first place to a long and severe attack of hooping-cough, which commenced before the child was twelve months old, and probably produced part of the collapse of the lung, which was found to exist after death. The spasmodic attacks from which the child suffered for two years are peculiar, and might be supposed to have had some influence on the present attack, but the chloroform administered as an anti-spasmodic did not seem to effect any change in the symptoms. Again, the tube which was passed into the trachea was found after death to have detached and broken off the false membrane from the mucous surface of the trachea and pushed it aside, so as to permit the passage of a limited quantity of air by an indirect route to the orifice of the tube. This accident, no doubt, hastened the death of the child; still, it can scarcely be believed that it materially affected the chance of the child's recovery, when we consider the extensive exudation of false membrane in the trachea and bronchi, and the very general collapse and emphysema of the lungs.

Alice G., aged 3, was admitted into the Middlesex Hospital, under the care of Dr. Goodfellow, a little after midday on Oct. 7. The features were almost livid, the respiration extremely difficult, the sternum being pulled in with each inspiration, and the pulse uncountable. It seems that when eight months old she was seized with hooping-cough, which continued eleven months. About a year ago she was observed to awake frequently with a shrill cry, accompanied with a crowing noise and difficulty of breathing. These attacks occurred with sometimes a week's intermission. She was able, after the attack, to be up and play with other children. She had suffered for two years from ascarides. Tracheotomy was performed by Mr. De Morgan at half-past one, inhalation of chloroform having been tried without any apparent result, and followed by speedy relief. The face was no longer dusky, the pulse could now be counted, but was still quick (120), and the patient began to sleep quietly at intervals. Carbolic acid, one part in fifty, was ordered for inhalation by means of the steam-pipe and curtains, and equal parts of dilute acetic acid and water, to be used with a feather in cleaning out the tube. Linseed meal and mustard cataplasms were also put alternately to the back and front of the chest. On the following morning the child remained in much the same state; she had slept at intervals, and taken a good deal of milk; her pulse was still (9 A. M.) quick, her respiration 48. She was ordered a powder containing half a grain of subchloride of mercury and a tenth of a grain of tartrate of antimony, to be taken immediately, and a mixture of squills, nitric ether in haust. ammon. acet. every four hours. The little patient, however, did not seem to derive any benefit from these remedies, and towards evening her respiration became again affected, the surface of her body became more and more dusky, and she died in convulsions at half-past six o'clock.

The post-mortem examination was made by Dr. John Murray, nineteen hours afterwards. The fauces were reddened, but devoid of false membrane. The under-surface of the epiglottis and the lining membrane of the whole respiratory tract below, as far as the primary divisions of the bronchi, was more or less covered with false membrane. In moderately firm patches as far as the first ring of the trachea, from this downwards to the primary divisions of the bronchi it formed a complete cast, thick and firmly adherent to the raw and deeply injected mucous membrane. But for about half an inch above and below the opening made into the trachea during life, the false membrane was detached and pushed away. At the lower end it had broken, and here there was a communication between the canal of the trachea and the tracheotomy tube. The false membrane about the commencement of the primary branches of the bronchi became looser and purulent, and more and more so as it extended to the minute bronchi, some of which became choked up. At the bifurcation of two moderately large bronchial tubes in the upper lobe of the left lung was found a piece of membrane forming a plug, and preventing the entrance of air. Behind this the lung tissue was in a state of considerable collapse. But this was not the only collapsed lung, for throughout the whole organ were found numerous portions of collapsed tissue of variable size. The intervening lung was in many places emphysematous. There was an apoplectic clot in the lower border of the left upper lobe of the lung, and in the right apex a hard, mostly cretaceous mass, the size of a filbert. The lung was here firmly adherent to the walls of the chest. Both lower lobes were also firmly adherent. There was slight pericardial effusion, and over the base of the heart was a thin layer of lymph. The other organs were healthy.—Med. Times and Gaz., Nov. 13, 1869.

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Aneurism of Popliteal Artery; Failure of Treatment by Flexion and Compression; Ligature of Femoral Artery; Suppuration of Sac; Amputation of Thigh; Recovery.—R. W., widow, aged 40, was admitted into St. Bartholomew's Hospital, Chatham, under care of Mr. Nankivell, July 4, 1868, with a popliteal aneurism in the left leg, the size of a hen's egg, and with strong pulsation. The woman had not noticed the swelling for more than two months. There was no history of any blow, but the patient herself attributed the mischief to her practice of straining up on tiptoe to adjust linen on a clothes-line. It caused her considerable pain, especially upon any unusual exertion, as walking uphill, and had already acquired such dimensions as to increase the circumference of the affected limb over its fellow by an inch and a half.

The limb was at once flexed, and kept in that position during twenty-five days, tourniquets being kept on the femoral artery during part of the time; but the pain continuing, and œdema of the foot and leg, with swelling of the thigh, coming on, the woman refused to submit to the treatment longer. On July 30, therefore, firm compression over the femoral was substituted, the whole limb being evenly bandaged. A week later (August 5), the tumour still increasing in size and pulsating as strongly as ever, the femoral artery was tied in the usual situation, with the effect of considerably reducing the size of the tumour, the vitality of the foot and leg remaining good. The thread came away on the fourteenth day (August 9), and the limb then measured an inch and a half less than at the date of the ligature; but even now the circumference over the centre of the tumour was four and a half inches greater than at the corresponding point of the sound limb. Ten days later (August 29) severe fever, heat, redness, and tenderness over the aneurism, with free suppuration from the track of the ligature, proclaimed that inflammation of the sac had set in. Effervescent salines were prescribed, and evaporating lotions applied to the tumour, but the symptoms increased in severity, fluctuation became well marked in the swelling, and on September 13, the discharge being now abundant and sanious, a tourniquet was applied over the femoral artery at the groin, and free incisions made into the tumour, releasing five ounces of sanious pus, to the patient's great relief. Poultices were then applied, and carbolic acid used as an injection to the wound.

Next day the patient was in a very weak condition, an erysipelatous blush covered the back part of the thigh, the pulse was 120 and feeble, and eight ounces of fetid pus escaped from the wound on the removal

of the dressings. The erysipelatous skin was painted with a strong solution of nitrate of silver, and wine and ammonia freely given.

Two days later (September 17), the patient having rallied somewhat, Mr. Nankivell proceeded to amputate the limb. This he did by the circular method through the upper third of the thigh. There was free bleeding from the enlarged vessels, but the flaps and bone at the point of division seemed healthy. Stimulants were continued on the return of the patient to the ward, and kept up during some days. The main ligature came away on the twelfth day, and from thence the woman made good progress towards recovery, in spite of the delay occasioned by the formation of a large bed-sore. She went out with the stump quite healed on December 3.

Examination of the amputated limb revealed a foul sloughy cavity, the size of an orange, at the upper part of the popliteal space, lined with a rough "pyogenic" membrane, and filled with horribly fetid pus. The suppuration had extended upwards along the track of the obliterated artery. The popliteal surface of the femur was rough, and denuded of its periosteum. —Med. Times and Gaz., Nov. 13, 1869.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

On the Use of Bromide of Potassium in Convulsions, &c. — By JOHN MERRITT, M. D., Newcastle, Delaware.

J. S., aged eight days. Had convulsions which resisted the usual remedies. The attacks were fifteen or twenty times daily. Grains 2 bromide of potassium were given every four hours; the convulsions diminished in frequency and force after the first, and entirely ceased after the second dose. Child now healthy at nine months old.

Nothing could be discovered to cause these attacks, except the bones of the head projected at least one-fourth of an inch over each other, which I thought might produce the effect witnessed by pressure, but the bones did not regain their proper position until some days after the convulsions ceased.

Mr. R., aged 30. Alcoholism with convulsions; gave grains 20 bromide of potassium every hour; convulsions ceased after first dose, reproduced in 30 days from original cause; same treatment with same results; patient well 3 months after treatment.

Mr. K., aged 40. Alcoholism; no sleep for 72 hours; gave ʒj bromide of potassium; saw patient 10 hours after first and only dose; had slept and took nourishment; was quite well; medicine continued in 20 gr. doses three times daily.

Mr. B., aged 65. Alcoholism with convulsions; reported to have had 100 attacks before I saw him. I found the convulsions occurring so frequently that there was scarcely any intermission; he seemed to all present, a hopeless case; apoplectic symptoms existed; total unconsciousness; gave grains 20 bromide of potassium every half hour (forced down with much difficulty); after the first dose, longer intermissions between attacks; gradual improvement, and after the fourth dose convulsions ceased; patient slept for several hours. Medicine continued for three days; patient restored to his usual health.

This is one of the most remarkable cases, as far as the effect of remedies is concerned, which has fallen into my hands. This patient's recovery seemed impossible. After the first dose of the bromide, when I saw the attacks becoming less frequent, did not feel any encouragement, but after the second dose consciousness was fully restored between the attacks, the apoplectic symptoms subsiding. I then, perhaps presumptuously, assured the friends that he would recover.

K., aged 8 months. Sleeplessness caused by long use of opium. This child had not slept more than 10 minutes at any one time for six days, the pupils of eyes dilated, irritable. Gave grains 5 bromide of potassium every three hours, which increased sleep, but not until it had been continued for three days, child now well.

Mrs. S., aged 35. Phthisis pulmonalis; became wakeful; had not slept for 72 hours; bromide of potassium grains 20 dose every three hours, induced sleep: other opiates had failed.

I have prescribed this remedy in a large number of cases requiring opiates, and am of the opinion that it, properly given, is almost as certain as the preparations of opium, whilst it is not followed by the often unpleasant and inconvenient conse-

quences which so often accompany the latter drug.

—

Poisonous Effects from the Instillation of Atropia in the Eye of a Child.—Dr. J. J. CHISHOLM records (Baltimore Medical Journal, Jan. 1870) the following example of this:—

"Miss H., four years old, had had the left eye injured, one year since, by a scissors, which had perforated cornea, iris, and lens. When first seen, hydrophthalmia had supervened, accompanied by a contracted and adherent pupil, with still, however, a clear cornea and bright-coloured iris. A drop of atropia solution, 4 grains to ℥j, was carefully placed between the lids for the purpose of soothing pains complained of in the eye. An excessive secretion from the lachrymal gland was excited by the presence of the drop, and, after a moment, a tear-drop ran down the cheek of the little patient. The child caught the descending drop upon the end of the finger, and was observed by the mother to put the finger afterwards in her mouth. In less than an hour after the atropia had been used, the child complained of great thirst, dryness of fauces, hot suffused face, with quick excited pulse. The face remained scarlet for two hours, when all the symptoms gradually commenced to wear off. The parent believed the child attacked with scarlet fever, a disease with the appearance of which she was familiar. Allowing that the drop of the atropia solution, $\frac{1}{120}$ part of a grain, had been again diluted with an equal bulk of lachrymal secretion, and that of the portion wetting the cheek one-half had been caught upon the finger and put into the mouth, the dose taken could not be greater than the $\frac{1}{240}$ part of a grain of the sulphate of atropia, and the poisonous symptoms were promptly developed from this infinitesimal particle."

[Is it not probable that a portion of the atropia, mixed with the tears, passed into the puncta, thence through the lachrymal passage down the posterior nares, and was swallowed, and that the patient thus received more of the atropia than the writer supposes? It is in the way pointed out that poisoning by atropia, instilled into the eye, is usually, we conceive, effected; though sometimes the solution runs down the face and passes between the lips and into the mouth, and is swallowed. Greater caution than is usually taken, we think, should be observed when applying atropia to the eyes, especially in children.—ED.]

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Transfusion of Blood.—Dr. F. L WADSWORTH reports (Chicago Med. Journ., Dec. 1869) the following experiment made by Dr. FREER before the class at Rush Medical College, to illustrate the function of the red blood corpuscles in their immediate relations to respiration and the maintenance of vitality, and to demonstrate the fact that fibrin takes no immediate part in restoration from exhaustive hemorrhage, serum serving as the vehicle of the vitalizing corpuscle, and that transfusion with defibrinated blood may be performed somewhat leisurely and with impunity, care being taken that the instruments used are nicely adapted for the exclusion of air from the vessels.

A dog, weighing fourteen pounds, "was anæsthetized, the left carotid artery and jugular veins were exposed, a canula inserted into each, and secured by ligatures. Sufficient time was then allowed for the animal to recover from the effects of the anæsthetic, when the stopcock of the canula inserted into the artery was turned, and the blood allowed to flow until sixteen ounces were extracted and the force of the heart's pulsations so reduced that no more could be drawn from the artery with the animal lying horizontally upon his right side. Respiration now gave evidence of syncope, the limbs were rigid, the jaws set, death was impendent.

"Meantime, a portion of the blood drawn had been defibrinated and kept at its normal temperature, by a warm water bath. It was now (twenty minutes from the time it commenced to flow from the artery) passed through the canula, by means of a syringe, into the jugular vein. In this manner seven ounces of defibrinated blood were returned to the system of the animal.

"On the introduction of the first ounce there was observed decided evidence of increased vigor. During the injection of the second ounce, by some defect in the apparatus, air was admitted into the vein. Instantly the animal succumbed; a tremor affected his entire system, and respiration ceased. Prof. Freer remarked that the animal's life had been sacrificed by the accident; but by convulsive efforts he regained respiration, and in two or three minutes the effects of the occurrence had

disappeared. When the seventh ounce had been introduced there remained little, if any, disturbance of respiration, the heart's vigor was nearly restored, the muscular spasm had subsided, and there was apparently no more disturbance of the system than usually occurs at this period after the administration of chloroform for any ordinary operation.

"In eight minutes after the blood had been returned the animal raised his head and observed intelligently; and twelve minutes thereafter he voluntarily raised himself and walked across the room, some twelve or fifteen feet. The day following he was sprightly and playful, and the second day after the operation he travelled nearly a quarter of a mile without any evidence of fatigue whatever."

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Medical College Convention.—To the Trustees and Faculties of the Medical College of the United States:—

The undersigned Committee, in accordance with the instructions of the Convention of Delegates from Medical Colleges, held in Cincinnati in May, 1866, respectfully and earnestly invite you to send Delegates to a convention to be held in the city of Washington on the *Friday* preceding the *first* Tuesday in May, 1870, for the purpose of considering all subjects connected with Medical College education, and procuring the co-operation of the schools in carrying out a uniform system of Medical instruction. It is very desirable that every regular Medical College in this country should be represented in the Convention.

N. S. Davis, S. D. Gross, George C. Blackman, F. Donaldson, Committee.

Chicago, Ill., Dec. 22, 1869.

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New Medical Journals.—We have before us three new candidates for professional favour.

1st. The "Oregon Medical and Surgical Reporter, edited by E. R. Fiske, M.D., Prof. of Theory and Practice, Willamette University." The first number of this was published at Salem, Oregon, in November of last year. It is announced that it is to appear monthly, each number to contain 32 pages of reading matter.

2d. "The Baltimore Medical Journal, edited by E. Lloyd Howard, M.D., and T. S. Latimer, M D." The first number of this journal was issued in January of this year, it is also to appear monthly. The number before us contains 64 pages of reading matter.

3d. "The European Medical News," a journal devoted to selected Translations from the medical, surgical, and scientific periodicals of the Continent of Europe, appearing every alternate month. Edited by Robert Stone, M.D., New Haven, Conn. The first number was issued last month, and contains 56 double column pages of reading matter.

In addition to these we may state that "The Western Journal of Medicine," which was ably conducted by Prof. Parvin, appeared last month under the title of "The American Practitioner;" and is to be issued monthly under the editorship of Profs. David W. Yandell and Theophilus Parvin.

We wish them all success, and take pleasure in placing them on our list of exchanges.

FOREIGN INTELLIGENCE.

Death from Chloroform.—We have to add three more to the long list of deaths from chloroform. 1. A young man died December 29th last, on the operating table at Middlesex Hospital while inhaling chloroform preparatory to an operation. He had taken chloroform a month before without any untoward symptom. All the usual means for resuscitation were perseveringly resorted to without avail. At the autopsy made next day, twenty-four hours after death, besides general congestion of the viscera, the heart was found to be the seat of somewhat recent endocarditis, shown by roughening of the mitral and aortic valves and thickening of the chordæ tendineæ. The substance of the wall of the left ventricle was also found to be extensively diseased, the striæ being hardly visible in some parts through the large amount of granular degeneration. The rigor mortis was very slight.—Med. Times and Gaz., January 1, 1870.

2. Dr. Monckton gave an account to the South-Eastern Branch, West Kent District, of a case which had proved fatal at the West Kent General Hospital while under chloroform. The patient was an anæmic woman, aged 39, from whose gums and lower jaw malignant fungous growths were being removed by the galvanic cautery; nitric acid, perchloride of iron, and the *écraseur*, having previously failed. After being very

moderately under the influence of the anæsthetic, administered by Dr. Skinner's flannel mask, for about thirteen minutes, on the third introduction of the heated wire she instantaneously expired. The powerful battery actually at work by her side was applied to the chest without loss of time; mouth-to-mouth insufflation was practised, and Silvester's method also; but the patient was clearly dead from the first moment. The *post-mortem* examination revealed a large goitre outside the neck, bloody mucus occupying the larynx and summit of the trachea, the heart cavities all empty, and the lungs pallid and emphysematous. The heart and goitrous tumour were submitted to the meeting. Syncopal asphyxia, to which chloroform had been contributory, was concluded to have been the cause of death. Dr. Monckton suggested the following points among others: 1. Any hindrances to free expiration deserved more consideration even than the organic condition of the heart. Chloroform might be administered more confidently in valvular disease, he considered, than in extensive emphysema, or obstructed air-passages. Dilated lungs especially were capable of receiving and detaining an immense dose of vapour, and incapable of expelling it. 2. He inferred from experiments on rabbits, which were detailed, that galvanism was of little use in case of accidents really due to chloroform, except, perhaps, by exciting the action of the diaphragm. 3. The same experiments had compelled him to believe that direct paralysis of the heart, as usually understood, did not result from chloroform. The left cavities received the vapour-charged blood directly from the lungs, and these were always contracted, while the right heart was greatly engorged, and the lungs very empty and retracted. The appearances in the chest of a rabbit, rapidly killed by chloroform, were similar to those described by Dr. George Johnson as characterizing choleraic collapse, and suggested the opinion that, either by direct irritation of the vapour, or by induced blood-change, the pulmonary capillaries were contracted, shutting the blood back upon the heart, as by a sudden ligature of the pulmonary artery.—Brit. Med. Journ., Dec. 11, 1869.

3. Another death from chloroform occurred in the Lincoln County Hospital on the 23d. The patient was a boy aged fourteen, the subject of necrosis of the tibia. He had taken chloroform safely on a former occasion. Most of the surgical staff of the Hospital were present. The boy had become insensible, and the operation had been commenced when he was seized with vomiting. After vomiting one or two minutes, he became livid, his breathing ceased, and his pulse was imperceptible. In spite of the usual measures, death followed. The *post-mortem* examination did not reveal any peculiarity excepting enlargement of the liver. Mr. Hett, the House-Surgeon, from whose evidence at the inquest we have taken the above facts, said that he attributed death to failure of the heart's action. This is said to have been the first death from chloroform which has occurred at the Lincoln Hospital. —British Medical Journal, Jan. 8, 1870.

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Therapeutic Note on Chloral.—Sir J. Y. Simpson gives (Med. Times and Gazette, January 1, 1870) a very interesting account of his experience with chloral. He thinks that this remedy will prove of immense value in the practice of medicine, surgery, and midwifery.

"Hitherto," he states, "I have principally employed it as an hypnotic and anodyne. In sufficient doses I have found it, as a general law, as sure a producer of sleep and soother of pain as opium or any of its preparations. It is usually swifter in the induction of its narcotism, more tranquil in its action, and more prolonged in its effects than opiates are when taken as hypnotics; but above all, it seems in a great measure, free from some of the minor drawbacks and disagreeable accompaniments produced by a full and large dose of opium. In this respect it appears to me to fulfil successfully the indications which I predicted in the extract above given, of being a narcotic as powerful, and indeed more powerful, than opium, 'and yet without either its direct constipating effects, or its indirect tendency to excite subsequent nausea, vomiting, etc.' The sleep induced by a full dose of it steals on without any premonitory symptoms. It is usually deeper, and yet more quiet and calm, than that produced by opium; and it does not leave subsequently the thirst, dry throat and tongue, disturbance of stomach and appetite, and languor of mind as well as body, which most persons unaccustomed to

the use of opium commonly feel after a deep and narcotic dose of that drug.

"Ever and anon cases are well known to occur in practice in which patients declare their inability to take opium in any form without suffering severely from nausea, faintness, restlessness, and other evil effects. In several such cases I have now used chloral as an hypnotic with perfect success. A patient here at present from New York assures me that the preparations of opium and other vegetable anodynes have always acted upon her as poisons, and without producing their usual hypnotic effects. 'Such,' she writes me, 'being my experience of anodynes, I was unwilling, as you remember, to take chloral, and hoped nothing whatever from it. It was administered to me in two half-doses [thirty grains each] ; the first dose, taken in the daytime, with light in the room and my people walking about, did not put me to sleep, but it soothed and calmed me completely. The second dose, given at night, was followed by nearly four hours of natural and refreshing sleep. I felt neither giddiness nor heaviness on walking, and neither then nor later did I experience any sensation of nausea as after other anodynes.'

"Two or three weeks ago I had under my care an old patient, a lady of great sensitiveness and intellectual power, from one of the midland counties of England. When last in Edinburgh she was the subject of a slight operation, and twice took a dose of chloral at night to induce rest. She slept under it quietly and refreshingly, far beyond her usual breakfast hour. Opium, henbane, and other anodynes had, when used, generally induced in her disturbed sleep, occasional sleep-talking, and sometimes somnambulism. A few days before coming on this last occasion to Edinburgh, she had a conversation with her mother regarding the kind of monument which they should erect over the grave of her father, who died two or three months since. That same day she had travelled up from Wales, felt ill, and had given to her a dose of henbane towards bedtime, with the hope of producing rest. In the middle of the night her husband was awoke by the ringing of his door bell, a shower of small stones launched against his bedroom window, and the dog barking within. On rushing down and opening the door he found his wife, whom he believed to be in bed, standing outside. The henbane draught had produced a fit of sleep walking. After her husband and she had fallen asleep she had risen, dressed herself in her day clothes over her night clothes, removing for that purpose her bonnet and muff out of their special receptacles, and, in the middle of a dark and wet night, had walked off to a distance of two miles. She awoke with her left hand holding her two gloves within her muff, and the right hand grasping the cold iron handle of the inner gate of the churchyard in which her father had recently been buried. After using the chloral she expressed to me great satisfaction at the idea that she had now a medicine which seemed to produce nothing but a tranquil sleep, quite different from the disturbing effects of the narcotics which she had previously taken; and two days ago I saw an order from England at the apothecary's for several doses to be forwarded to her.

"Sometimes chloral produces its hypnotic effects when opium, from its long-continued use, had ceased to do so. To a patient who has had daily morphia injected subcutaneously for some years for neuralgia of the side under the hands of different practitioners, my assistant, Dr. Bell, gave at my request a drachm dose of chloral. Latterly a grain of morphia has been injected daily with the effect of relieving the pain, but without producing sleep. She swallowed the dose of chloral early in the afternoon, and was asked to lie down in bed. I saw her in a quarter of an hour afterwards deeply asleep; and the lifting of one eyelid to look at the dilated pupil did not awaken her. She awoke out of the slumber free from her neuralgia.

"I am not aware of any special contra-indications to the employment of chloral when used for somniferous purposes. Even in head and chest affections, where I should have been chary of having recourse to opium as an hypnotic, I have employed chloral with perfect success. The contra-indications to opium offered by a tendency to constipation, etc., do not exist against chloral.

"Like all other remedies in the Pharmacopœia, it will no doubt occasionally fail to produce its desired effect; but as seldom so, perhaps, as most of them. In a few instances the sleep induced by it has been

dreamy and hysterical, particularly when the patient was not kept in a state of perfect quietude; but these are rare exceptions to the general rule.

"In the present remarks I have spoken specially of the somniferous or hypnotic powers of chloral. I have used it for other purposes, but it is not my intention to dwell upon them at present. It will not fulfil all the many and almost endless indications for which opium is used in medicine; but I have seen enough to convince me that it will prove a very valuable anodyne in some cases of neuralgia, hysteralgia, dysmenorrhœa, pleurodynia, etc., and in the pains attendant upon cancer and acute local inflammations. In some cases of irritable bladder and chronic cystitis I have found it give the patient much longer and more perfect rest than large doses of opium. In several instances it has seemed to me, when given in small and repeated doses, to soothe down both acute and chronic cough with remarkable effect; and I have known it to relieve asthma. Lately in a young lady whom I saw in consultation with Dr. Taylor, suffering under a severe attack of congestive bronchitis with some hæmoptysis, and orthopnœa, a small dose (twenty grains) of chloral was given at night. 'She speedily fell asleep,' wrote Dr. Taylor to me the next day, 'and slept soundly until 4 A.M., when she sat forward in bed and coughed, but appeared to be only half awake. When I called in the morning at 10 30 she was still enjoying a most placid slumber. As I contrast,' Dr. Taylor adds, 'the distressed and audible breathing of last night with the tranquil sleep and improved state of the patient to day, I cannot help concluding that chloral has a directly sedative effect on the whole respiratory surfaces.'

"Occasionally I have exhibited chloral in continuous small doses for one, two, or more weeks in succession, and apparently with most marked benefit, particularly in cases of chorea, threatened or incipient insanity, etc. A patient from Illinois, who, for several years, has always regularly suffered excruciating spasmodic pain in the left iliac region, attended with some discharge, for eight days before menstruation began (she has disease of the fundus uteri and left Fallopian tube), has, during the last two periods, kept at bay this old and formidable suffering by taking chloral night and morning during the threatenings of it. She strongly assures me that formerly she had used very large doses of opium and other anodynes without any such favourable effect. I have found the parturient uterus to go on contracting regularly and strongly when the patient was so deeply asleep under chloral as to be only very imperfectly wakened up with the expulsive efforts of labour.

"The dose of chloral to an adult for an hypnotic which I have usually employed has varied from 50 to 60 grains; but 25 to 30 grains suffice in some patients. In a case of long-standing sleeplessness, and which has resisted great doses of opium, Indian hemp, etc., 120 grains failed to produce any effect. When used for anodyne and other medicinal purposes, a continuation of smaller doses—as 10 or 20 grains several times a day—is sufficient.

"In administering chloral I have given it only by the mouth and by enema; almost always as a draught. It is somewhat acrid and pungent to most palates, and hence requires to be diluted well with water, and to have added to it a large quantity of syrup."

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Amputation under Chloral.—M. Noir relates this case more as a warning than as an example for imitation, although he suggests that some of the symptoms which arose might have been due to the idiosyncrasy of the patient. The man, 64 years of age, was an inmate of the hospital at Brionde on account of osteosarcoma of the tibia, which caused him such excessive pain that he eagerly sought for amputation. With the view of allaying his suffering, four grammes of solid hydrate of chloral were given him, which at first induced great agitation and much nausea, then gave rise to such deep sleep and great subsequent relief, that it was determined to employ this substance as an anæsthetic next day during the operation. Accordingly five grammes were given, and in about two hours so deep a sleep followed that he was carried to the table and amputation performed without his making a movement or uttering a cry. Replaced in bed, still asleep, his body was observed to be very cold, and his pulse, which had been 120, became filiform and uncountable. He continued in a state of alarming coma until eleven and a half hours after the chloral had been administered. He then woke up in violent delirium, with

vomiting and pain in the stomach. These symptoms continued for nearly eight hours, when they disappeared, leaving the patient in the extremest prostration. He was conscious, but could scarcely move or speak, and was ignorant of all that had passed. After some hours and a good night, though without sleep, all bad effects passed off.—Med. Times and Gaz., January 1, 1870, from Gaz. des Hôpitaux, Dec. 23, 1869.

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Hydrate of Chloral in Italy.—Professor NAMIAS, the well-known surgeon of Venice, has just addressed to one of the medical societies of that city a relation of his experiments with hydrate of chloral at the clinique of Venice. M. Namias has never observed the occurrence of eschars in hypodermic injections of the substance when only one gramme was injected with double the quantity of distilled water. The effects have always been speedy and excellent. They were especially so in one case of suborbitary neuralgia, and in various cases of muscular rheumatism, thoracic hyperæsthesia, in phthisical patients, &c. M. Namias ascribes these beneficial results to the good quality of the chloral, prepared by Cioni. He has also tried the substance through the alimentary canal in doses of from eight to ten grammes a day, given in six or eight times, at intervals of two hours, and during several days consecutively. The effects were invariably excellent, and were unattended by arterial tension or undue frequency of pulse.—Lancet, Jan. 1, 1870.

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A temporary Tracheotomy in Operations involving the Cavity of the Mouth.—In number 47 of the *Ærtzliche Intelligenz-blatt* for the present year, Prof. NUSSBAUM of Munich remarks, that there are three sources of danger in operations involving the cavity of the mouth, such as the extirpation of the superior maxilla, or of tumours springing from the base of the cranium, namely, 1. Suffocation from blood flowing into the larynx; 2. Pneumonia from small coagula of blood in the lungs; or, 3. Injury to the throat, and subsequent deep-seated abscesses in the cervical fascia, from the assiduous mopping-up of the blood during the operation. To obviate these dangers, he proposes a preliminary tracheotomy, and narrates a case in which he removed a large tumour (sarcoma) of the upper jaw, which had pushed the eye upwards, and extended deeply backwards and downwards into the throat. The patient was a country girl, aged 20, much weakened by repeated hemorrhages. He first opened the trachea, and introduced a silver canula, continued the inhalation of chloroform through this, closed the glottis and pharynx with four thicknesses of oiled linen, proceeded to remove the whole upper jaw and tumour, and then applied the actual cautery. Having washed out the mouth and plugged the cavity left by the operation, he took away the oiled lint and the trachea-tube, and closed both wounds. The patient breathed freely through the normal channel, and the whole operation seems to have been a complete success. Not a drop of blood entered the throat; and the operator was free from all fear of his patient's dying of suffocation. —Brit. Med. Journal, Dec. 25th, 1869.

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Ovariotomy, with Removal of the entire Uterus.—M. PEAN exhibited to the Academy of Medicine, Dec. 7th, a patient who had had a very large cyst of the left ovary; the uterus, greatly hypertrophied, mounting up above the umbilicus, and containing a cyst, while a fibrous tumour occupied the right ovary, and a cyst the right tube. The existence of a movable fibrous tumour, independent of the cyst and of hypertrophy of the uterus, was recognized prior to the operation; but in what proportions these lesions existed could not be ascertained, by reason of the adhesions which united the various tumours to each other. Having exposed the ovarian cyst by a long incision, M. Péan commenced, as is his custom, its removal piecemeal (*morcelant*), employing his long cauterizing irons, heated to whiteness. Having in this way removed a notable portion of the cyst, he came upon the uterus, enormous in size, soft, fluctuating, and adherent on every side. The adhesions were very vascular, and any rupture of these gave rise to hemorrhage, which had to be arrested by heated irons. The only thing that seemed feasible was the removal of the diseased uterus at the same time with the other tumours. M. Péan would not cut through the cervix, as this was excessively hypertrophied, equalling a fist in size, but carried his incision through the vagina. He next passed a double thread by the abdominal wound through the vagina from before backwards, by means of which he practised two ligatures. That on the

left side comprised the great ovarian cyst, and the other embraced all the portion of the vagina corresponding to the uterus, together with the right ovary and tube. An incision was made just above the ligatures, and the parts comprised were removed by a considerable amount of traction, the double pedicle thus formed being brought in contact with the abdominal parietes. This portion of the wound was not united, three caoutchouc tubes being inserted. The adhesions were too intimate to allow of the separation of the fundus of the cyst from the wall of the lesser pelvis. It was left *in situ*, but was spontaneously discharged on the thirtieth day, by which time solid adhesions had closed up the vaginal incision, without leaving any perforation where the ligatures had been. The recovery was complete, and when the patient was presented the operation had been performed three months.—Med. Times and Gaz., Dec. 18th, 1869.

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Chorea.—M. PERROUD, Physician of the Hôtel Dieu of Lyons, has just applied, with much success, the ether spray to the spine of a girl of fifteen, suffering from chorea. Eleven sittings, at each of which between two and three ounces were used with Richardson's apparatus, were followed by complete cure. A second just as successful case occurred under the care of Dr. Maynet, also at Lyons, the patient being a lad of eighteen.—Lancet, Jan. 1, 1870.

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Prof. Bouillaud on the Differences between Inflammatory and Pyretic Diseases.—Prof. Bouillaud thus sums up his views on the differences betwen inflammatory and pyretic diseases:—

1. The excess of fibrin in the blood, in the purely inflammatory condition or process, which for a long time was named "inflammatory fever," proceeds from an *abnormal secretion* or *neoplasm* of the internal membrane of the blood apparatus. This neoplasm is similar to the one produced on the surface of an inflamed serous membrane, to the degree or according to the manner designated by Hunter an *adhesive inflammation.*

2. It is a portion of this neoplasm, or of this pseudo-membranous secretion, which deposits on the surface of the coagulum of blood obtained in the cases above stated—neo-membrane, to which the name of inflammatory clot has been given, and the chief constituent principle of which is fibrin.

3. Phlegmasia of the internal membrane of the circulatory apparatus, more or less generalized, and belonging to the so-called *adhesive* form is one of the fundamental conditions of that production of fibrin in excess, and of the pseudo-membrane of the blood in so-called *inflammatory* fever.—Lancet, Jan. 8. 1870.

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Antidote to Haschisch.—Prof. POLLI, of Milan, states: "Experience has proved that infusions of coffee, of tea, and of cocoa, always increase the action of haschisch; so that if it is wished to accelerate or to augment its effect, it should be taken or administered in an aqueous infusion of one or other of these vegetable substances.

"Lemon-juice and vinegar, and, consequently, citric, malic, acetic, and tartaric acids, in aqueous solution, more or less diluted, arrest the effects of haschisch in a person who has taken it, and thus are competent to serve as real antidotes.

"It will then be useful in making a trial of haschisch, and especially in the treatment of certain nervous maladies by haschisch, in cases where one does not as yet know the susceptibility of the subject, to know that one has in the lemonades of these acids, more or less concentrated, powerful, and at the same time innocent, moderators of the nervine action of haschisch.

"I confess that it is not from my own personal experience that I have confidence in the preservative action of the vegetable acids against the injurious effects of haschisch; but solely from the experience of the Egyptians, who have assured me that it always succeeds with them, and from the testimony of Dr. Castelnuovo, who lived for a long time at Tunis, where he convinced himself of the antidotic value of lemon-juice and strong lemonades against haschisch." — Med. Press and Circular, Dec. 22, 1869.

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The Prophylactic Action of Copper in Cholera Epidemics.—At a recent meeting of the Clinical Society, it was stated by Dr. CLAPTON that his investigations on the effects of copper upon the system had elicited the remarkable fact that men engaged at the various copper-works in London always escaped cholera and choleraic diar-

thoea during great epidemics. That such an immunity is really afforded by the action of this metal seems now to be a well-attested fact, since Dr. Clapton's statements have lately been confirmed by some statistics communicated by M. Burq to the French Academy of Sciences. M. Burq states that during the epidemic of 1865-66 in France, only 1 out of every 1270 workers in copper was attacked, the total number of individuals thus engaged being 37,000. With workers in iron and steel, on the other hand, 1 out of every 209 was attacked; and of those engaged on other metals than copper or iron, 1 out of 178.—Lancet, Nov. 6, 1869.

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The Perils of Fashion.—We are indebted to a lady correspondent for the correction of a mistake, or rather an omission, in our recent article on Tight-lacing. In ascribing the ungainly, feeble, and tottering walk of our modern fine ladies and their middle-class imitators to the decrepitude induced by tight-lacing, we omitted to mention another fashionable folly which assists in the production of this evil, and has also other sins of its own to answer for. The custom of wearing high boot-heels, and those too so much smaller than the actual heel of the wearer as to afford no solid support, but only a balancing-point, is a source of much mischief. In the first place, it throws the centre of gravity of the body so far forward that a free and gracefully erect carriage is impossible. Secondly, there being no firm support to the heel, ladies are very apt to twist the ankle suddenly by overbalancing themselves; and this is not only bad in itself, but the fear of its occurrence makes them assume a timid, mincing gait. And, thirdly, the effect of driving the foot constantly forward into the toe of the boot is to produce a very ugly and painful distortion of the great toe joint.

There is little need for wonder at the almost fierce contempt with which young men whose characters are at all above the lowest grades of conventional inanity regard the average "girl of the period." It cannot be denied that there is a significant correspondence between the æsthetic hideousness and the degrading effects on physical health which are produced by tight stays and crippling boots, and a certain mental and moral tone in female society of the present day, which is no less surprising than it is repulsive. The whole dress and carriage of our fashionable women, for several years past, has been modelling itself, with less and less concealment, upon the ideal furnished by Parisian *lorettes* of the consumptive Traviata type. It is not our business to set up as moral censors. But we may be excused if, for once in a way, we find it impossible to ignore the logical though repulsive consistency of the *grandes dames* and citizenesses who are willing to spoil their lungs and their digestions, and endanger their chances of happy maternity, for the sake of a wasp waist; to talk slang closely verging on indecency, for the sake of the tenth part of a chance of catching a husband; and to simper and leer at the indecencies of a *Grande Duchesse de Gerolstein*, in order to escape the dreaded imputation of a deficiency in *chic*.—Lancet, Oct. 2, 1869.

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Dissection Wounds.—The name of Prof. Boehm, of Berlin, must be added to the long list of victims who have perished in the accomplishment of the perilous duties of the profession. While dissecting a body in the presence of the students, he scratched his hand with the scalpel, but so slightly that he neglected to cauterize the wound or to take any other precaution. Two days afterwards the hand had swollen enormously; and since then all the means which had been tried to arrest the progress of the disease have been to no purpose.

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University of Edinburgh.—Mr. Joseph Lister, Professor of Surgery in the University of Glasgow, has been appointed Regius Professor of Clinical Surgery in the University of Edinburgh, in the room of Mr. Syme.

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Necrology.—We find announced in L' Union Médicale, Dec. 14th, 1869, the death of "Jean Devèze, a native of Rabastens (Hautes Pyrénées), ordinary physician to Louis XVIII., for the chateau of Tuileries, a sinecure which he well merited for his heroic conduct during an epidemic of yellow fever in Philadelphia." He must have reached very advanced age.

The death of Dr. Poiseuille, member of the Imperial Academy, in the section of anatomy and physiology; and that also of Dr. Boucher de la Ville-Jossy, physician to the Hospital Lariboisière is recorded in late numbers of the same journal.

AN AMERICAN TEXT-BOOK ON DISEASES OF CHILDREN—Just Issued.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD.

BY J. LEWIS SMITH, M. D.,

Curator to the Nursery and Child's Hospital, New York; Physician to the Infants' Hospital, Ward's Island; Professor in Bellevue Hospital Medical College, New York.

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The excellence of this book is one explanation of our not having reviewed it sooner. Taking it up from time to time, we have been freshly interested in its various chapters, and so been led to defer writing our opinion of it. It is one of those works with which we are happily becoming familiar, as coming to us from time to time from across the Atlantic, which contain all that is good in European works of the same kind, together with much that is original, both in reflection and observation. It is astonishing how well the American writers succeed in gleaning, and yet giving a fresh character to their books. This work is an illustration, and pervading every chapter of it is a spirit of sound judgment and common sense, without which any work on any department of the practice of medicine is, to use the mildest word, defective. We are sorry that we cannot give further illustrations of the excellence of this book.—*London Lancet*, Sept. 4, 1869.

After an examination of this book, we think we are not mistaken in welcoming its writer as a new authority in medical literature on the diseases of children. The sources of his information are copious, and he seems to have made careful use of them. We had intended to support these opinions by quotations, but the range of the work is so comprehensive, and our readers can so much better form a notion of the industry and good judgment of its author by an extended perusal of it, that we have concluded to simply refer them to the book itself, and will only add that it is written in the clear and unambitious style befitting a scientific work.—*St. Louis Med. and Surg. Journal*, May 10, 1869.

Our fellow-townsman, Dr. Smith, is well known among us as an indefatigable worker, and one who has devoted the major part of his time to the study, theoretically and practically, at the bedside and in the dead-house, of the diseases of children. From a careful perusal of his work we agree with the author, that while he has respected the opinions of previous writers, and has adopted them so far as they appeared to be correct, he has depended much more for the material of his treatise on clinical observation and the inspection of the cadaver. Most heartily do we wish the work the success it so richly deserves.—*Am. Journ. of Obstetrics, &c.*, May, 1869.

A magnificent contribution to the cure of the diseases of children. Dr. Smith covers the whole ground, and proves himself a master cultivator. His views are eminently enlightened and modern. He is alive to the new *idea*.—*Nashville Med. and Surg. Journal*, May, 1869.

The work before us is a valuable addition to the text-books of the subject. While it covers the ground of the recognized principles and treatment of the diseases of childhood and infancy, it teems with a freshness of suggestion and resource which will insure it a place in every physician's library.—*Leavenworth Med. Herald*, May, 1869.

The author of this volume is well known as a valued contributor to the literature of his specialty. The faithful manner in which he has worked in the public institutions with which he has been connected, the conscientious regard for truth which has for years characterized all his researches, the great amount of experience which he has been enabled to acquire in the treatment of infantile diseases, and the care which he has accustomed himself to take in the study of the significant facts relating to the pathological anatomy of the diseases of childhood, eminently fit him for the task which he has taken upon himself. The remarkable faculty of bringing out salient points and stating concisely other less important facts, enables him to crowd within a small compass a vast amount of practical information. The attention given to the treatment of the various maladies, as well as the presentation of all the recently accepted pathological views, makes it one of the most valuable treatises, within its present compass, that can be placed in the hands of any seeker after truth. The volume as a whole will still further establish for the writer a permanent and enviable reputation as a careful observer, an impartial interpreter, a safe and trustworthy adviser, and a modest and untiring student.—*N. Y. Med Record*, March 15, 1869.

We have perused Dr. Smith's book with not a little satisfaction; it is indeed an excellent work; well and correctly written; thoroughly up to the modern ideas; concise, yet complete in its material. We cannot help welcoming a work which will be worthy of reliance as a text-book for medical students and younger physicians in their investigations of disease in children. Dr. Smith's concise, yet searching description of each disease reminds us of the style of Gooch; while his practical and careful suggestions for treatment recall the instructions we received from Dr. Ware. The book is very free from those crudities of judgment and practice and style which disfigure so much of our current professional literature; and we are glad to close, as we began, by welcoming a valuable book to the profession.—*Boston Med. and Surg. Journal*, March 4, 1869.

No previous American book can claim to represent the present condition of infantile pathology and therapeutics; and repeated furbishings of English treatises have still left much undone. Our own periodical literature has been singularly barren of reliable data in these departments; and Dr. Smith deserves praise for having culled out what was to be found, and combining therewith the substance of the later English and some of the Continental works, but especially for the assiduity with which he is known to have prosecuted years of study in the midst of opportunities and abundance of material, which must have enabled him to avoid useless theories in the presence of a multitude of facts; so that, when he speaks for himself, it need not be with a doubtful tone. Dr. Smith has done a good thing in getting up a handy American book full of sound practical advice upon the study and treatment of the infantile disorders which usually meet us in practice.—*N. Y. Medical Journal*, June, 1869.

An able and discriminative teacher and critic of this city, pronounces Dr. Smith's book on Diseases of Children, the best work that has made its appearance on this department of medicine. Dr. Smith has enjoyed excellent opportunities for maturing his experience in the study of these diseases, and has exibited his culture and good judgment in this book.—*Cincinnati Lancet and Observer*, June, 1869.

We have thus passed in review the most important of the chapters of this book, and it only remains for us to add that we regard the book as a valuable addition to the treatises on the subject. The description of the pathology, symptoms, and treatment of the different diseases is excellent. The formulæ which are interspersed through its pages will be appreciated by the young practitioner.—*Am. Journ. Med. Sciences*, Apr. '69.

HENRY C. LEA, Philadelphia.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Scarlet Fever.—By Sir WILLIAM JENNER, Bart., M. D., F R. S., Physician in Ordinary to H. M. the Queen; Prof. of Clinical Medicine in University College and Physician to the Hospital.

Gentlemen: Cases of scarlet fever are not usually admitted into the wards. There is, in fact, a rule of the hospital by which they are excluded, on account of the disease being contagious. But it happened, not long ago, that some cases were admitted by accident, and one child sickened of the disease while in the hospital. I shall take this opportunity of bringing those cases under your notice, together with some others, which will, I hope, impress upon your mind all the most important points to be remembered in regard to this very common disease.

The contagious diseases of this class will form a large proportion of the acute diseases you will see in your after-life, and it is unfortunate that the great hospitals afford you no opportunity for studying them clinically. And this consideration makes me especially desirous of lecturing to you on these cases.

To-day I shall refer to cases in which the scarlet fever was free from complication, though the general disease—the scarlet fever—ranged in degree from a most trifling affection to one grave enough to kill. The disease in all these cases, however, was scarlet fever pure and simple, the throat affection even being trifling in degree. I will first read to you the abstracts of some cases.

A child eight years old was in the hospital, when, on Sunday, Nov. 15th, she complained of not feeling well, and was feverish; her skin, that is to say, felt hot, and her throat was sore. In the evening of the same day her neck and face were very red, and on the next day, Monday, she was covered

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with the scarlatina rash. The tonsils were then bright red and swollen. Her temperature was 101.2°, three degrees higher than in health. On the Wednesday the rash was almost confined to the trunk and legs—*i. e.*, it had faded on the upper part of the trunk and the upper extremities, and had spread downwards to the legs. Her tonsils were still swollen, though no longer red; her temperature was 100°. On the Friday the rash had almost disappeared from the legs, and on the Saturday it had gone altogether. Her temperature, however, was still 100°, and it continued at that height till Monday, after which it became natural Her skin was now quite dry and harsh, and there was slight desquamation of the cuticle—that is to say, a separation of the epithelium. This girl affords us a typical case of mild scarlatina.

I will now read to you another case of the same kind. This patient was also a girl, and of the same age. On a Saturday she complained of sore throat; on the next day, the sore-throat continuing, she was very chilly. On the Monday she had a rash on the face, neck, and chest. On her admission into the hospital these parts were covered with a brilliant scarlet eruption, somewhat elevated, and punctiform. On pressing the skin, the redness disappeared, returning when the pressure was removed. The temperature of this girl was also 101.2°, three degrees higher than natural. This was on the third day; for she was taken ill on the Saturday, and in these diseases we always reckon the day on which patients were taken ill as the first day. On Tuesday, the fourth day, the rash was less brilliant on the neck, face, and chest, but was very brilliant on the abdomen and legs, again spreading downwards. The tongue was covered with a thin white fur in the centre, but it was red at the tip and edges, and the papillæ were very prominent. The throat was very painful, and the soft palate and the fauces generally were much redder than they should be. The uvula was large and somewhat œdematous—*i. e.*, its loose cellular tissue was the seat of effusion of serum. The tonsils were swollen, but there was no exudation upon them. The temperature was 100°. The glands at the angle of the jaw were large and tender. On the Wednesday the rash on the legs was darker, more dusky, and more patchy. The temperature was now only 99.8°, still, however, decidedly higher than normal. On the Thursday the rash was almost gone, and desquamation had commenced. The tongue was clean, but red. One tonsil was still swollen, but the child had no soreness of throat. On Friday, the seventh day, the skin of the legs was still dusky, but desquamation was progressing; the abdomen felt rough; the temperature was 98 6° nearly natural. The child was well. There was no albumen in the urine at any time. The pulse was at first a little more frequent than natural, but in neither of these cases was there any other point which it is important for you to know.

Here, again, is the note of another case, very like those I have related to you, but in one particular a rare case. I have seen several such, and believe they are more common than is supposed. It is a case of relapse; the patient had scarlet fever twice in a short time.

A young woman, twenty years of age, was not quite well on a certain Friday, and on the Saturday she had sore-throat, and also a symptom which I have not yet mentioned to you, vomiting—sore-throat and vomiting. On the Sunday, Monday, Tuesday, Wednesday, Thursday, and Friday, she was covered with scarlet-fever rash. On the Saturday the throat was well, and by the Sunday there was no trace of the rash. On the Sunday following she was considered quite well. This was May 7th. Now, on Friday, the 19th of May, nearly a fortnight after she was considered quite well, and nineteen days after the disappearance of the rash, she again felt poorly, and complained of frontal headache and nausea. On the Saturday she had sore-throat, and the same evening the punctiform scarlet-fever rash again came out. On the Monday there was an abundant rash and sore-throat. On the Tuesday the rash was growing faint on the trunk, but was fully out on the lower extremities. There was no more complaint of the throat, and the young woman rapidly recovered. As a rule, the second attack runs a short course; but I have seen a patient die in the relapse.

You will note in all these cases, which are simple scarlatina, that the illness came on abruptly; the patient "took ill" at once. In all of them, too, the first symptom was sore-throat. That was the first thing definitely complained of. This is especially the case in adults; but you have here two chil

dren, whose first complaint was of their sore-throat. The suddenness with which scarlet fever often commences is well illustrated by the description which a patient once gave me of its commencement. She said: "I was quite well when I went down stairs to fetch some water. Crossing the yard, I felt my throat was sore." That was the first intimation that she was ill. Then rapidly follow the other symptoms.

Another symptom present in one of our cases, and which is very commonly one of the first symptoms, especially among children, is vomiting. Vomiting, when very severe and frequently repeated, is said to indicate that the throat will suffer severely, and certainly I have seen some cases which support this opinion.

Another common symptom which you have heard mentioned is frontal headache. In the whole class of diseases of which scarlet fever is a type—viz., the acute specific diseases, headache is common, and it is nearly always frontal. Why it is so I don't know. It has nothing to do with the mucous membranes of the frontal sinuses, though it used to be thought that it had. There is the same headache in typhoid fever, which does not specially affect the mucous membrane of the nose or pharynx; the same in typhus, and in all these diseases. Febrile disturbance with frontal headache should at once awaken in your mind the suspicion that it is with one of the diseases of this class that you have to do.

Again, in all these cases there was at the early part of the illness a little sense of chilliness. That is common. Much more rarely the patient has rigors—distinct shiverings—at the onset of the disease.

The temperature at the onset was not taken in any of our cases. Public institutions do not afford an opportunity of taking the temperature at this early period—the first day. But if you do take it then, you will find it very distinctly elevated—106° or 101°, or more; and the higher the elevation on this first day of illness, the more probable it is one of these acute specific diseases.

Those, then, were the first symptoms of illness in the cases I have related. On what day did the rash appear? In one of them there was some redness of the face on the first day, and on the second day the rash was out. In another, it did not appear, or we had no evidence that it appeared, until the third day, when the child came into the hospital. The upper part of the abdomen was then, however, covered so it is probable that it appeared on the preceding day. Thus in each of these two cases it is probable that the true rash came out on the second day. In the case of the young woman, although she was not very well on the Friday, the sore-throat did not begin until the Saturday, and so that was really the first day of the scarlet fever, and her rash was out on the Sunday—the second day. Again, in her next attack she had the sore-throat on the Saturday, and on the Monday she was covered with an abundant rash. Thus in all these cases the rash probably appeared on the second day of the throat affection.

The second day is the common day for the rash to appear in scarlet fever. In the great majority of cases, the patient having sore-throat on the Monday will have the rash out on the Tuesday. Though the second day is the usual date for the appearance of the rash, it is not uncommon for it to be out on the evening of the first day. Now and then it does not come out till the evening of the fourth day, and rarely it does not appear for a week. On any day, then, during the first week the rash may come out. It is said that it sometimes appears later still.

Remember, then, the second day for scarlet fever; the third day for smallpox; the fourth day for measles; the fifth day for typhus; the eighth day for typhoid fever. Those are the typical days. There are frequent deviations, however, in all excepting smallpox, the rash of which very constantly appears on the third day.

The rash in scarlet fever first appears, as it did in these cases, about the neck. Rarely there is a little flush about the face, but the true rash appears about the root of the neck. If you suspect scarlet fever, if the patient is hot and has scarlet lips and a little sore-throat, you throw back the clothes and look for rash at the root of the neck. In measles, you turn back the hair, and look at the margin of the hairy scalp for the first appearance of the rash. In smallpox, the eruption appears first about the upper lip and nose, the centre of the face. In typhoid fever, on the abdomen and thorax. In typhus, the place where the eruption occurs the earliest is often on the backs of the hands, but it occurs also on the trunk.

Note the characters of the rash. It was punctiform. This is its character. It comes out in little scarlet dots, which become more and more numerous till they unite, and the whole surface is bright scarlet. The parts which constitute the dots are the most vascular parts of the skin, the papillæ, and the orifices of the follicles and of the sweat-ducts. The rash is most abundant and darkest where the skin is roughest, on the outer aspect of the limbs. In addition to this scarlet rash, not unfrequently there are a few petechiæ, and that in cases running a perfectly satisfactory course. There are a few extravasations of blood into the substance of the true skin just under the cuticle. These occur most commonly where the skin is the thinnest and most delicate, as at the flexion of the arm. I mention the occurrence of these petechiæ for the benefit of the younger of you, who may think, when first they see a case of scarlet fever with some petechial spots, that the patient is about to be very ill.

So much for the appearance of the rash. Now for its progress. It begins, as I told you, at the root of the neck, and it spreads downwards over the arms and trunk. The parts most affected are usually a little swollen—the hands, for example, are a little puffy. The rash then spreads down to the legs, fading at the upper part of the body, just as it did in the cases I read to you for the purpose of impressing this fact on your memory. It passes down and goes out by the toes, if I may use the expression.

I told you that the rash usually appeared on the second day of illness. On what day does it disappear? The rash disappears, even from the legs, in a typical case, by the seventh day of illness. You may say that it has a course of about a week from the first day of illness. In our cases it disappeared on the sixth or seventh day of the fever. In some books you are told that the rash disappears earlier, in some later; but you will find the seventh day a convenient day to remember. Other days, all being common, are the sixth, eighth, and ninth Supposing the patient to have sore-throat on a Monday, the rash would probably be gone by the Monday following. It might disappear on the Sunday, or continue till the Tuesday, or even longer, though that is unusual. Now and then it disappears on the fifth day; now and then it continues till the tenth day, and in some cases it has continued even up to the fourteenth, fifteenth, and sixteenth days. Do not forget this. I have seen such cases myself, and so have most persons who have seen a great many cases.

Desquamation was mentioned as following the disappearance of the rash. Desquamation is the separation of the cuticle, of the epidermis. It commonly begins to separate from the neck, and sometimes will have separated there as a little furfuraceous, branny desquamation at the time the legs are covered with the rash. Sometimes there will be no desquamation for some days after the disappearance of the rash. It is said usually to occur during or soon after the subsidence of the rash, within a week of its disappearance. Now and then, however, a longer time elapses before desquamation commences.

The patient is often, even in the most simple form of scarlatina, when the rash is at its height, pretty thickly covered with sudamina and minute miliary vesicles. Where these have been present the desquamation commences very early, and is very abundant. It is commonly stated that the desquamation is the throwing off of a poison by the epidermis of the skin. I see, however, no ground for believing this. It seems to me that the desquamation is rather due to a certain degree of effusion beneath the cuticle. With a lens you may often find innumerable vesicles where with your hand and naked eye you could detect none. I believe that the real cause of the desquamation is this subcuticular effusion of serum. We have evidence of the occurrence of effusion into other tissues in the slight swelling of the hands, so common during the disease.

If the desquamation is delayed, it is very common to find the first evidence of it about the roots of the nails. Where the rash was very slight, where perhaps the patient was supposed to have had no rash at all, you may often know that the disease was scarlet fever by that condition. Perhaps one member of a family has had sore-throat, while the others have had scarlet fever; that one was poorly, but you did not think that he had the disease. About a week or ten days after the cessation of the illness a little opacity of the cuticle round the root of the nails may be noticed, and then a little peeling there. That is almost conclusive evidence that the illness was scarlatina. Do not forget this. It has often served me

in good practical stead in determining the nature of an illness.

The desquamation lasts, as a rule, about eight days, or a little longer. From eight to fourteen days is the common period; but occasionally it is a long time before the whole of the cuticle has separated—a month, six week, or even two months. The thick cuticle on the soles of the feet may be peeling long after the desquamation on the rest of the body has ceased—when the patient is perfectly well, and has been walking about perhaps for some time. This was strongly impressed on my mind not long since. A gentleman came to me who was invited to stay at the house of a friend. He said, "You know I have had scarlet fever; but it is two months ago. Am I safe from giving the disease to any one else? I ought to tell you that the skin has not yet finished coming off the soles of my feet." I examined his feet, and, finding his statement correct, forbade him going; for I thought he might still communicate the disease.

The desquamation, then, may be so slight as to be perceptible only about the root of the nail, or it may be so considerable as to cover the whole place with dust every time the patient shakes himself.

The lips are always scarlet in the earliest stage of scarlet fever, and this fact often gives an importance to the state of the throat. The tongue, as a rule, is also bright red, especially at the tip and edges. The papillæ are large, and stand out from the thin white fur with which the dorsum of the tongue is covered, just as you heard in the description of one of our typical cases. As the disease progresses the fur disappears, and then (as there was in one of our cases) a bright-red tongue, the epithelium having been thrown off.

The soft palate and the uvula and the tonsils are also bright red, the tonsils being swollen. The redness in the early stage is distinctly punctiform, and then the spots coalesce. You may sometimes see that the arches of the palate are vivid red, while there is punctiform redness on the hard palate. The mucous membrane partakes of the eruption of the skin. It often does so in measles likewise; the inside of the lips and the hard palate being covered with eruption identical with that on the skin. I told you that the eruption in measles occurs on the fourth day; but on the second or third day, a day or two before it appears on the skin, the eruption may occasionally be found on the mucous membrane.

In one of our cases it was noted that the glands at the angle of the jaw were swollen and tender. This is according to rule. There is usually a little affection of the glands which receive the absorbents from the soft palate and tonsils. The affection of the throat is the cause of the swelling of the glands. If the throat were not affected the glands would not be swollen. We shall see presently that this is a point of considerable practical importance, and of a good deal of pathological interest. People speak of the scarlet fever process affecting the glands. It is not the scarlet fever process in the ordinary sense of the word—*i. e.*, in the same way that the scarlet fever process affects the soft palate and the skin. The lymphatic glands are affected secondarily to the throat, in consequence of the absorption of something from the surface of the mucous membrane; as much as a bubo in gonorrhœa is the result of the disease of the mucous membrane of the urethra; as much as a bubo in the groin, below Poupart's ligament, after a man has hurt his toe, is the result of the injury to the toe; as much as the swelling of the axillary glands, following a puncture of the finger, is the result of that puncture. You know it is very rare indeed for primary inflammation of the lymphatic glands to occur.

Then the temperature. You notice that it never reached any great height in these cases—100°, 101°. In very severe cases it is often much higher—104°, 105°, 106°.

It is common in cases as mild as these to have a little wandering at night, a little mental disturbance; and very rarely, even in a mild case, on the date of the appearance of the eruption there is an attack of convulsions.

The pulse in our cases never reached 120. It varied from 80 to 100. In scarlet fever the rule is that the pulse rises to a certain degree of frequency, and then goes down from that point. It does not, as in typhoid fever, go up and down, in one part of the day 120, in another 90, and the patient neither better nor worse—*i. e.*, you could not say, because his pulse was less frequent, that he was better, or worse because his pulse was more frequent. In scarlet fever the pulse steadily rises, and then, if there is no complication, steadily falls.

In all the cases I related to you the con-

stitutional disturbance was very moderate, and the local specific processes—that is, the true scarlatinal processes in the throat and skin—trifling. Bear in mind, however, that in all the scarlet fever group—the acute specific diseases, typhoid, typhus, measles, scarlet fever, smallpox, erysipelas—in all this group there is no necessary relation between the severity of the local specific processes and the severity of the general disease, or between the severity of the general disease and that of the local processes. In our cases they were both mild. If there be a very severe local affection the patient will have a secondary constitutional disturbance due to the local process. If he has a bad sore-throat, he will have a constitutional disturbance dependent on the sore-throat, superadded to the constitutional disturbance of his scarlet fever. But he may have the most intense general disturbance and very little local specific process; the constitutional may be most severe when the local is trifling The patient may die of the constitutional disturbance when the local process is trifling.

Thus, a man was admitted into this hospital, aged sixty-three. He had been the subject of much mental depression and anxiety. He had for some time lived and slept in the same room and on the same bed with his two children and their mother, all ill with scarlet fever. This man, after he had thus lived and slept in this way for seventeen days, began to complain, on a Sunday, of sore-throat; and on the next day (Monday) he was brought to the hospital insensible. He went in the morning to his place of business, and while there became insensible. When admitted here his respirations were 44; his pulse could not be felt; the surface of the trunk was mottled dusky-red; the outer and posterior aspect of his arms was dusky-red—just the part where the scarlatina eruption occurs and goes most deeply, where the skin is roughest. He rallied about an hour after his admission, so far that his pulse could be counted: it was then 120. His tongue was dry, glazed, and brown. Two hours later there was more duskiness and numerous petechiæ, not merely at a particular part, but over the skin generally. He died at 3 A. M. on the Tuesday. On the Sunday he had sore-throat; on the Monday he was taken at once with the active poison; and on the Tuesday, at three o'clock in the morning, he was dead. After death, what did we find? Numerous subserous and submucous petechial spots under the endocardium, under the pericardium, under the pleura, under the peritoneum, under the mucous membrane of his stomach, under the mucous membrane of his bowel—everywhere small extravasations of blood. His tonsils were large; there was vascularity of the pharynx; and his spleen was enlarged. That is one of the features of scarlatina; as it is of all these diseases—typhoid, typhus, measles, smallpox, scarlet fever, erysipelas: in all there is softening and enlargement of the spleen.

We examined this man most carefully. I have here long notes of the state of every organ in his body, the microscopic as well as the naked eye appearances of each; but we failed to discover anything more than I have mentioned to you. He died from the poison of scarlet fever. There was no lesion of the heart, brain, lungs, or kidneys, to account for his death; he died from the general condition.

Again, a young woman, aged twenty-one, had been ailing for some time with some soreness of throat, sometimes better, sometimes worse; but she had been subject to sore-throats, and not much importance was attached to this particular attack. On Monday, June 10th, she felt ill, and had increased soreness of throat, but was still able to go out. She passed a restless night, and was decidedly ill on the morning of the next day (Tuesday). On the Tuesday night she was very bad, tossing about, but not delirious. On Wednesday, however, she was violently delirious; several persons were required to keep her in bed. All that night she was violently delirious. On Thursday morning she was insensible; and on Thursday afternoon I saw her. She was then lying on her back, inclined to the right side, resisting all efforts to move her. Her conjunctivæ were considerably injected, as they are in all these cases. It seems as if the capillary circulation generally were in some way interfered with; all the vessels are loaded with blood, and very little circulation going on. Her pupils acted but little. She muttered incoherently, but was quite unable to be aroused so as to exhibit consciousness. She passed urine into the bed freely. There was a thin sero-purulent discharge from the nose and ears. There was no swelling of the glands. She had a dusky-scarlet rash on the trunk and upper extremities; none

on the lower. Her pulse was 180. very weak. Subsequently she became again violently delirious, and died at 10 30 P. M. She was taken ill on the Monday, and died on the Thursday night. At the post-mortem nothing more was found than in the last case.

Another case of the same kind. H. B——, a very fine young man, six feet high, and broad and large in proportion. We could get no history of his illness, but he came under observation on October 13th. He had had no sleep on the preceding night, and when I saw him he was delirious, leaving his bed and wandering about the ward. He said that he had been in the hospital four days. Note that in the whole group of these diseases there is a tendency on the part of the patient to lengthen time. He nearly always thinks it is a longer time since you saw him last than it really is. Everything seems long to him. It is not so in some other acute diseases—in pneumonia, for example; but in this class of diseases—the acute specific—although the patient answers you quite rationally, and tells you correctly the day on which he came into the hospital, he thinks he has been in a much longer time than he really has.

The expression of this man's face was natural. He had no headache. He was able to leave his bed alone and easily. His tongue was moist and furred, not particularly red. He complained of some soreness of the throat, but swallowed without any difficulty. He had no cough. His skin was hot and moist, and covered over the chest and abdomen with a bright scarlet rash, which disappeared on pressure. On the arms, legs, back, and beneath the clavicle the rash was more dusky; and, after pressure, minute purple spots (petechiæ) were perceptible over the whole of the body. On the night of the 13th he was violently delirious; a man had to be with him to keep him in bed. He was restrained with difficulty, bit and struggled with great violence. At five in the morning he became quieter, his breathing became difficult about six, and at half-past eight he died.

On the 13th the rash had not spread to his legs, so that we may suppose that he had not been ill above four days. His post mortem examination was made, and, as he died in the hospital, it was made very carefully. The notes of it, which I have here, occupy eight closely-written quarto pages. I am not going to read them to you, for all that we found was just what we found in the last case—petechial spots under the mucous membrane of the stomach and the bowels, under the endocardium, under the pericardium, under the pleura. There was a little recent lymph at the base of the lung, probably of only a few hours' duration, and a spleen which weighed a pound and a half. There was a little congestion of his lung, such as might have resulted from his struggles; but beyond these appearances we found nothing.

Here is another case. A young man came under my care with a very little sore-throat, but covered with the rash, and with considerable febrile disturbance. After a violent fit of delirium, he sank exhausted, with a frequent, feeble pulse. He died in half an hour from the time he was running furiously about the ward. After death the appearances we found were precisely what I have described to you—enlarged spleen, subserous and submucous petechial spots, and that was all. In these cases of death from the general disease, you will have observed that in several there was a full, free, and even bright rash.

Sometimes, in place of the rash being bright red, it is more dusky. I told you it was dusky over part of the skin in one of the cases I have described. Sometimes there is more congestion of the lung. Sometimes, instead of violent delirium, there is muttering delirium. The girl, I told you, had muttering delirium, and then became violent again. Thus there may be extreme prostration instead of active delirium, or active delirium followed by extreme prostration. I have no account of the temperature in these cases, but it has been taken in similar cases, and has been found, it is said, to be high, very high; not, however, equal, so far as I am aware, to that which has been met with in acute rheumatism, but 104°, 105°, 106°. Some have supposed that in these cases the death is due to the high temperature. I am doubtful of that, myself, in scarlatina. I think that the death is due to the changed condition of blood. It is evidently very much changed, from the occurrence of the petechiæ; and the change in the tissues is dependent on the change in the blood. More observations on the temperature in these cases are required before its influence can be clearly admitted.

There are two other forms of scarlet fever

where there is only the general affection, to which you ought to have your attention directed: both are very mild forms. One of these is scarlatina without inflammation of throat—*scarlatina sine anginâ*. I doubt its existence; that is all I can say about it. There are cases without soreness of throat, but if you look into the throat, in all the cases I have seen, there is distinct redness and swelling of the tonsils, at any rate—considerable abnormal vascularity of the fauces and pharynx. I have often known patients to say they had no sore-throat, but when I have looked I have always seen abnormal vascularity. So I do not believe in scarlatina without any throat affection.

The other form is scarlatina without any eruption. About this, too, I have some doubts. Of the other I speak from having seen a large number of cases in which the patients have vowed that they had no throat affection at all, and yet I saw it. The subjective symptoms were absent, the objective were present. But it is difficult to prove the absence of the eruption. Certainly people sometimes have the disease with a very little and a very transient eruption, just a little scarlet blush, lasting a few hours, and probably there are some cases in which there is none.

Thus I have described to you cases of that form of scarlet fever in which the disease is the poisoned state of the system only, and I have described cases illustrating varieties of this form of scarlet fever, from the mildest to the gravest. In no case mentioned to day was there any grave local disease—nothing complicating the general disease. What is the treatment of uncomplicated scarlet fever with trifling local specific process? For scarlet fever proper, for the poisoned condition of the system, so far as I know, we have no remedy. There are those who say ammonia is the remedy; there are who say that hydrochloric acid is the remedy; and so on with a variety of drugs. But at the present moment my experience tells me that we have no remedy for the general disease. We can only act upon the broadest general principles of calming the patient when excited; of stimulating him, to keep his heart beating, when he is exceedingly weak; of cooling the surface when the heat is excessive. Give him pure, fresh air to breathe. It is a disease that runs a definite course, and if you can keep the sufferers alive for a certain time they get well from that general disease which killed some of our patients. So you watch for the symptoms which threaten death, and endeavor to avert them. The *very* grave cases are hopeless from the first. For the mild cases little treatment is required. A cool room, light clothes, unstimulating diet, a mild aperient, a little chlorate of potash, which seems to allay the irritation or inflammation of the throat, and that is all you need do. Some give a little dilute mineral acid; sulphuric acid was all that used to be employed at the Fever Hospital when I was there. I think myself that the best is the chlorate of potash drink. I put a drachm of the salt into a pint of barley-water, and let the patient sip it down as he pleases.

You will see that it is very different when I come to speak of the complications of scarlet fever. For some of the aggravations of the acute specific process, for some of the throat affections, we may do a great deal, and there we often save life directly; but for the disease itself, that which is the root of the matter, I repeat, so far as I know, you can do nothing. By the chlorate of potash you may do something towards allaying the throat affection; by a mild aperient you may allay a little the febrile disturbance which would be increased by confined bowels; by keeping the room well ventilated you prevent any increase of fever from the room becoming too close, and its air impure. And all the time you must watch the state of the urine, the skin, and the throat. One point I desire to impress on you—namely, the great importance of changing the clothes of the patient, as well as the air of the room. The blankets of the bed should be changed frequently, as well as the body-linen and sheets.—Lancet, Jan. 8th, 1870.

HOSPITAL NOTES AND GLEANINGS.

Pyæmia, with Singular Eruptive Symptoms.—There are two points of great interest about the following case. The occurrence of pyæmia without an assignable external cause is always an interesting thing; and in this instance, neither in life nor at the post-mortem examination could any such cause be detected. From the very plain evidences of severe blood-poisoning which the case presents, one is constrained to think of possible contamination of the system by foulness of the atmosphere

in which the girl had been living; and in respect to this it is worthy of note that she was residing in some servants' offices, at a club, which have been unfvourably distinguished by the number of cases of disease more or less dependent upon miasmatic influences which have occurred for some years past among their inmates. Another point of interest is the peculiar eruption; it presented, at one stage, no small superficial resemblance to smallpox, but this rapidly disappeared, and the bullæ which were developed along with the pustules in many cases contained reddish serum, and were of considerable size. Dr. Anstie believes such a complication of pyæmic poisoning to be very rare. Finally, this case repeats the warning given by so many others of the insidious manner in which pyæmia develops itself, and the especial frequency with which its early symptoms may be mistaken for those of rheumatism.

Emma W——, aged twenty, admitted September 10th; scullery-maid at a club. She complained, on admission, of pain in her joints, and said she had had "rheumatism" for several days. Temperature 101°. Left eyelid a good deal ecchymosed. She was treated at first for rheumatism, being put on beef-tea, milk, &c., and ordered ten grains of acetate of potash and thirty grains of bicarbonate of potash every four hours, and ten grains of Dover's powder at night. She was a large, stout, healthy-looking girl. Good sleep was obtained that night, and in the morning no visible change could be observed.

Sept. 12th.—To-day she is not quite so well. Temperature 102°. On the right side of the face there are a couple of red spots.

13th.—All over the face and trunk are a number of bullæ and pustules, in various stages. The patient slept badly last night, and had one attack of rigors. Temperature 104°; sickly odour about her. Tongue foul, and coated white. Tenderness of joints; left knee much swollen. On the dorsum of the right hand there is an inflammatory blush. There is a similar one over the back of the left ankle. Motions passed involuntarily; they are extremely yellow and very offensive. At this stage Dr. Anstie ordered eight ounces of sherry per diem, and two-grain doses of quinine every four hours; but no good effect was produced, and the patient passed into high delirium. This continued all night. There was much diarrhœa, and a very offensive smell about the patient.

On the following morning, the 14th, the pustules and bullæ were still more numerous, the tongue was dry and brown, and the lips and teeth coated with sordes. Death occurred at 5 P. M.

Post-mortem examination.—Heart normal; both lungs studded at the base with patches of lobular pneumonia, in various stages. These were about the size of a sixpence. Most of them were in the first or second stage, but one or two were soft, broken down, and whitish-gray. Stomach healthy; kidneys congested and enlarged, each weighing seven ounces. Spleen small and congested. The left knee-joint contained a large quantity of thin, yellow pus; and an incision made into the inflamed dorsum of the right hand also gave exit to a quantity of pus.—Lancet, Jan. 22, 1870.

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Extroversion of Bladder.—Mr. Wood operated, Jan. 1, 1870 at King's College Hospital, for the second time, on a lad suffering from extroversion of the bladder. On a previous occasion, he had taken flaps from the tissues of the abdominal wall, one from each side (with the skin surface next the opening), and one from above, which he turned down on the other two, its raw surface being in apposition with the raw surface of the others. The lad was in good health, and, so far, everything had gone well. Mr. Wood now proceeded, by making flaps from the lower part of the abdomen and the scrotum, to cover in the remaining part of the opening, and form a roof to the penis. He removed the scrotum in one flap, exposing the tunicæ vaginales testium. The latter were covered from the thighs and under surface of the penis. A little difficulty was met with; but Mr. Wood remarked that experience had shown that the testes were well protected by the overhanging pubes, and would soon be covered with granulations. Mr. Wood mentioned the anatomical conditions met with in these cases of epispadias, and pointed out the developmental changes going on in the fœtus at the time when the arrest probably occurs (about the second month), and gave his experience of his operation for the relief of the deformities. He had now operated on ten cases; in all of them, with the exception of

two, great benefit had resulted. In one case, that of a young girl, after a comparatively slight plastic operation, uræmic poisoning followed, and the child died; afterwards, the kidneys were found extensively diseased, and one ureter quite blocked up. In the other case, after operating, the child had violent fits of coughing, and the stitches gave way. He thought it better to defer proceedings till the child had more self-command. As regards the frequency of ectopia vesicæ in females, he had met with it in the proportion of about one in twenty. He thought its infrequency very remarkable. Possibly a certain number of cases in females were carefully concealed from observation. He had been represented as attempting to form a perfect bladder which would retain urine in the upright posture of the body as well as when lying down. This was manifestly impossible. The dartos of the scrotum would never make a voluntary muscle. He had, however, accomplished this much, that when the patients were in bed, a certain amount of urine gravitating to the fundus of the bladder would be retained; and, at all times, a simple instrument only was required to be worn, instead of a very elaborate one. Some males were compelled to wear "petticoats," on account of the malformation of parts; this, of course, was obviated. Mr. Wood illustrated the steps of his operation on the black board.—Brit. Med. Journ., Jan. 15, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Alumni Association of the Medical Department of the University of Pennsylvania.—The graduates of the Medical Department of the University of Pennsylvania are invited to meet in the College Hall on Commencement Day, Friday, March 11th, at 5 o'clock P. M., to form an Alumni Association. It is hoped that the meeting will be largely attended, as its object is commendable.

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Jefferson Medical College of Philadelphia.—We have before us the catalogue of this institution for the session 1869 70, from which it appears that the number of matriculants for the session is 435.

Philadelphia Dispensary, for the Medical Relief of the Poor, instituted April 12, 1786.—The annual report for 1869, of this ancient and most valuable institution, shows that it continues quietly and unostentatiously to pursue its useful course. The object of the institution is to afford medical relief to the worthy (not the lowest class of) poor, in those cases where removal to a hospital would, for any approved reason, be ineligible. Pecuniary aid, under close limitations, is occasionally afforded, trusses and surgical appliances furnished, and in some cases of great exigency, nursing aid afforded. Fourteen thousand five hundred patients have been treated during the year.

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Professor Nathan R. Smith.—This eminent surgeon has resigned the chair of Surgery in the University of Maryland, which he has filled with great ability for the past forty years.

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Medical Instruction in Philadelphia during the Summer of 1870.—Ample facilities will be afforded for the instruction of medical students who may spend their summer months in this city. In addition to the regular spring and fall courses of lectures at the University of Pennsylvania and the Jefferson Medical College, several private schools will be open; of these we have received the announcements of the following:—

Philadelphia Summer School of Medicine.—Robert Bolling, M. D; James H Hutchinson, M. D.; H. Lenox Hodge, M. D; D. Murray Cheston, M.D.; Geo. C. Harlan, M D; I. Minis Hays, M.D. The Sixth Session of this School will begin March 1st, 1870, and will continue until October.

Clinical Instruction, Dissection, and Operative Surgery from the first of March to the first of October.

Lectures and examinations daily during April, May, June, and September.

Examinations on all the branches taught at the University of Pennsylvania.

Regional Anatomy.—Lectures and Demonstrations by H. Lenox Hodge, M. D.

Percussion and Auscultation in Diseases of the Lungs and Heart.—Lectures and Clinical Examination of patients, by James H. Hutchinson, M. D.

Diseases of the Eye and Ear.—Lectures upon the Anatomy, Physiology, and Dis-

eases of the Eye and Ear, by George C. Harlan, M. D.

Urinary Deposits and Tests.—Students will be instructed in the microscopical and chemical examination of the urine, and will be enabled to make themselves familiar with the necessary manipulations, by James H. Hutchinson, M. D.

Dissections and Surgical Operations may be practised by the members of the class to the best advantage.

Special Clinical Instruction will be given the class at the Pennsylvania Hospital, the Children's Hospital and the Dispensary for Diseases of the Heart and Lungs.

Office students are received, through their preceptors, or upon their own application, for a part or the whole of a three years' course of study. They are admitted to the Winter Examinations and to the Summer School of Medicine, and thus have the benefit of a systematic course of examinations during both the winter and summer. They are instructed *practically* in Anatomy, Bandaging, Dressing of Fractures, Operative Surgery, Percussion, and Auscultation, Obstetrics, and Examination of Urine. They are also enabled to attend women during confinement.

Clinical Instruction is provided for them at the Pennsylvania Hospital, Philadelphia Hospital, Children's Hospital, and Wills Hospital for the Eye.

Bed-side Instruction during February, March, and April, is given them in the wards of the Pennsylvania Hospital by Dr. James H. Hutchinson.

Winter Course of Examinations will begin with the Lectures at the University of Pennsylvania in October, and will continue till the close of the session.

Candidates for admission to the army and Navy, and those desiring promotion to a higher grade, may obtain private instruction.

Jayne Street Medical Institute.—George Pepper, M. D.; William Pepper, M. D., Harrison Allen, M. D.; Edward Rhoads, M. D.; James Tyson, M. D., will continue their Course of Annual Instruction as heretofore.

Winter Examinations will begin with the lectures at the University in October, and continue throughout the Session, embracing all the branches taught at the University.

Summer Examinations will also be given during the months of April, May, June, and September, in connection with the study of the authorized Text-books.

Office students will be received, through their preceptors or on their own application, for the whole or part of a three years' course of study. They will have the advantage of the Winter and Summer Examinations. Special bed-side instruction will be given them by Dr. Rhoads and Dr. W. Pepper; and Clinical instruction will also be provided for them at the Pennsylvania Hospital, and the Wills Hospital for the Eye. They will also have the advantage of the Special Courses of Lectures delivered by the different members of the Association.

Dr. H Allen will give instructions in Minor Surgery, including the use of instruments for the examination of the eye, ear, nose, and throat.

Dr. George Pepper will deliver a course of lectures upon the Diseases of Women.

Clinical Instruction upon the Diseases of Women will also be given in connection with the Lying-in Charity.

Dr. Rhoads will deliver a course of lectures on Diseases of the Heart and Aorta, clinically considered, as independent affections, and in their relations to other diseases. The course will be in immediate connection with the wards of the Philadelphia Hospital, and will embrace lessons in Physical Examination of the Heart and Lungs.

Dr. Tyson will deliver a course, including lectures on the physiology and pathology of the blood and urine, the minute structure of all important physiological and pathological tissues, with the theories of their development, and the special methods required for the demonstration and preservation of each.

Dr. William Pepper will deliver a course of lectures on the Diagnosis and Treatment of Diseases of the Nervous System, clinically considered, embracing instruction in the practical application of electricity in disease. The lectures will be in immediate connection with the wards of the Philadelphia Hospital.

Bed-side Instruction, embracing careful lessons in medical diagnosis, will also be given by Drs Rhoads and W. Pepper to classes of limited size in the wards of the Philadelphia Hospital.

Summer Course of Lectures.—William Pepper, M. D., Diseases of the Nervous System; Frank F. Maury, M. D., Clinical Surgery; Edward Rhoads, M. D., Diseases of the Heart and Aorta; George Pepper, M. D., Diseases of Women; Samuel W. Gross, M. D., Orthopædic Surgery; James Tyson, M. D., Microscopy. These lectures will be delivered during the months of April, May, and June.

Those on Diseases of the Nervous System, Clinical Surgery, Orthopædic Surgery, and Diseases of the Heart and Aorta, will be clinical in character, and will be given in immediate connection with the wards of the Philadelphia Hospital, and of the Philadelphia Orthopædic Hospital.

The other lectures will be delivered at convenient hours.

Medical Chemistry.—Dr. H. B. Hare will deliver a course of lectures during the months of April, May, and June, on the general characteristics of the Urine in health and disease; especially with reference to disorders of the kidneys and bladder.

The various methods of qualitative and quantitative analysis of the urine, as well as its microscopic appearances, will be demonstrated before the class, who will thus have an opportunity of becoming familiar with all the modes of manipulation necessary in the clinical examination of the urine.

The chemical characters of the other secretions of the body will also be demonstrated in their healthy and morbid conditions.

The course will be accompanied by drawings and specimens illustrative of the pathological changes of the kidneys, bladder, and urine.

The lectures will be delivered at the N. W. corner of Ninth and Chestnut Streets, third story.

Philadelphia School of Anatomy, Chant Street, Tenth Street above Chestnut.—The following courses of lectures will be delivered in this institution during the Summer Session of 1870: Anatomy, descriptive and surgical, and Operative Surgery, by Dr. W. W. Keen; Bandaging Fractures, and Fracture Dressings, by Dr. O. H. Allis.

Dissection will be carried on under the direct and personal supervision of the Assistant Demonstrators of Anatomy. The Dissecting Room will be open also during all the month of March, with abundant material.

Special arrangements may be made for private courses by candidates for the Army or the Navy, or by others.

Diseases of the Chest and Larynx.—Dr. Herbert Norris will give in connection with the clinic at the Dispensary, No. 716 Catherine Street, a course of instruction in the diagnosis and treatment of diseases of the Larynx, Lungs, and Heart; beginning March 21st, and continuing tri-weekly for three months.

Students will thus have the opportunity of becoming practically familiar with the diagnosis of these diseases, by means of auscultation and percussion, and also of acquiring facility in the use of the laryngoscope, and in the topical application of remedies to the larynx.

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Obituary Record.—We have to record this month the death, at Lexington, Ky., on the 20th of January last, of Benjamin Winslow Dudley, M. D., at the mature age of 85 years. Dr. D. was one of the most eminent surgeons of his day, and was conceded to be the ablest surgeon in the Mississippi Valley. His great reputation attracted to him most of the operative surgery of that extensive region, and his success, especially as a lithotomist, was remarkable. For many years he filled the two chairs of Anatomy and Surgery in the Medical Department of Transylvania University, and his ability as a teacher of those branches largely contributed to the success of the school. He did not contribute much to the literature of our science, but the few papers he has published make us regret that he did not write more. In his social relations he was universally esteemed for his great worth and public spirit, which secured to him many steadfast friends.

FOREIGN INTELLIGENCE.

Death from Chloroform.—J. P., farmer, æt. 68, was admitted into the York County Hospital for the purpose of having partial amputation of the foot performed, on account of disease of the bones. Chloroform was administered by the house-surgeon previously to the operation being performed, on January 11th. Scarcely a drachm had

been inhaled, when the patient suddenly became rigid, and his pulse stopped. Every exertion was made for his restoration, and artificial respiration was kept up for more than three-quarters of an hour, but without avail.—Brit. Med. Journ., Jan. 22, 1870.

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On Death from Chloroform.—On Feb. 1st, Dr. RICHARDSON gave a most important and highly practical discourse to a very large class, on the cause of death from chloroform, and the way to avoid accidents and meet emergencies which may arise in the administration of this anæsthetic.

Rapid narcotism, according to the practice of Sir James Simpson, Dr. Richardson believes to be best and safest, as thus sensation is abolished without paralyzing the muscles. A pigeon was rapidly and profoundly narcotized with chloroform, and then it was shown how readily the muscles could be roused by the galvanic battery, so that the bird flapped its wings, and yet when the stimulus was withdrawn, was as fast asleep as ever.

In another experiment a rabbit was killed by chloroform, and the thorax being then opened, the heart was seen to continue beating for many minutes, the lungs being bloodless and collapsed. This experiment showed that death by chloroform is death from the lungs and not from the heart, and the surest restorative is to inflate the lungs by artificial respiration. The muscles of inspiration fail before those of expiration, and to galvanize these last named muscles exhausts what little irritability they may still retain, and clinches the death of the patient effectually.

Dr. Richardson rather feared to give chloroform in persons with dilated right heart and overful veins; in other cases of tubercular disease, renal disease, and valvular disease of the heart, he had often given the anæsthetic without anything like an accident.—Med. Press & Circular, Feb. 9, 1870.

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Dust and Disease.—We invite especial attention to the following summary of a most interesting and instructive lecture recently delivered at the Royal Institution of Great Britain, by Professor Tyndall.

The learned professor began by stating that a sunbeam on entering a dark room becomes visible by illuminating the particles of dust floating therein. A beam of powerful light, such as that of the electric lamp will prove the existence of these floating particles in the air of this room, or, indeed, in that of any other, even of the best ordered drawing room in London, although they are invisible by the light of ordinary candles or gas. Some months ago, when he was engaged in a course of experiments on the action of light upon various vapours, he found this dust exceedingly troublesome. The air was wholly loaded with it, and although in his experiments it was of great importance to have the air entirely free from it, it became a matter of considerable difficulty to get rid of it. An "experimental tube" was filled with air which had been passed through tubes containing fragments of glass wetted with concentrated sulphuric acid, and marble wetted with a strong solution of caustic potash; but although the air was thoroughly dried by this means, the particles of dirt were carried along with it, and a beam of light passed through the tube discovered them in quantities as great as in common air. But it was found that by passing the air over a flame before letting it enter the drying tubes, every particle of dust was destroyed, and the beam of light passed through the "experimental tube" was *invisible*, owing to the absence of any illuminated particles. What did this prove? It showed, to his own astonishment, that this floating dust consisted of particles of combustible, and therefore organic matter—that the air which constantly surrounds us, which we are continually breathing, is loaded with living organisms, which are of necessity constantly passing into our lungs—that the dirt of the air of London is organic, and not, as he had supposed, of the same nature as the sand of the desert of Sahara, inorganic, incombustible. To make this matter quite certain, Mr. Valentin, of the Royal College of Chemistry, constructed for him a gas furnace, so arranged as to heat a platinum tube and a roll of platinum gauze; the air was made to pass through this tube and gauze, so as to insure the contact of the dust with the hot metal, and the result is given by the following table:—

Quantity of air.	*State of platinum tube.*	*State of experimental tube.*
15 inches.	Cold.	Full of particles.
"	Red-hot.	Optically empty.
"	Cold.	Full of particles.
"	Red-hot.	Optically empty.
"	Cold.	Full of particles.
"	Red-hot.	Optically empty.

That is to say, when the air was passed *cold* into the experimental tube, the floating

particles were not destroyed, and passed along with the air; but when the particles were consumed by the hot platinum, the experimental tube was "optically empty," there being no floating dust in it for the beam of light to illuminate.

The following table gives the results of experiments in which the air was allowed to pass into the experimental tube under various conditions of speed and temperature:—

Quantity of air.	*State of platinum tube.*	*State of experimental tube.*
15 inches, *slow.*	Cold.	Full of particles.
" "	Red-hot.	Optically empty.
" *quick.*	Red-hot.	A blue cloud.
" "	Intensely hot.	A fine blue cloud.

The cloud which appeared in the experimental tube when the air was passed quickly through the platinum was the smoke of the particles burned in the furnace. He had failed in his attempts to burn the particles in the open air by intense heat, but a flame of a spirit lamp held immediately under the electric beam gave a result which caused him the most intense astonishment. In common with every chemist he had hitherto considered the flame of a spirit lamp to be entirely smokeless. What, then, was his surprise to find that, on holding the flame under the beam, volumes of intensely black "smoke" were given off, blacker than he had ever seen issue from the funnel of a steamer! He tried several other flames; he burned spirit of wine on cotton wool; he tried the flame of a Bunsen's burner with a tall chimney, but always with the same result. Wreaths of the blackest "smoke" ascended through the beam of light, showing themselves in the distinctest manner. The question then arose—Could this blackness be smoke at all? Could no other cause be assigned to explain the phenomenon? To settle this question, he tried a flame of pure hydrogen gas, in which it was impossible that carbon could be to make real smoke. But, on this being held beneath the electric beam, the same black wreaths ascended. A mass of red-hot iron gave the same result. What, then, was this darkness which was shown to exist in cases where smoke was impossible? It was simply the darkness of stellar space—the darkness caused by the absence of organic dust, showing that pure air is dark by virtue of its own intense transparency. Nothing could demonstrate more clearly the invisibility of the medium which renders all things visible. The flame held under the beam destroys the floating particles, and a stream of pure air ascends across the horizontal beam, which, jostling aside the dust-laden air, causes a black band of pure transparent air free from illuminated dust (in appearance exactly like smoke) to take its place across the beam. But it was also discovered that it was not necessary to consume the dust in order to produce pure air. It was found that a sphere of heated copper held beneath the beam of light produced the same "smoky" appearance, and that, too, even after the temperature of the copper had fallen below that of boiling water. Upon this it was suggested that a sphere of boiling water would produce the same result, and this was found to be the case, although in a less degree. The reason of this is simple; the heated body quickly heats the air immediately surrounding it, but not the particles; the pure hot air ascends and makes its dark track across the beam, but the particles are left behind.

The learned professor then showed that any gas, provided it was free from these floating particles of dust, would produce the same dark mark across the beam of light. He took a common glass shade, and placed it with its mouth downwards so that the beam of light should pass right through it from side to side. The shade being full of the air of the room, the light was of course visible all the way through it. He then introduced into the upper part of the shade, above the beam of light, a tube connected with a reservoir of hydrogen gas. The hydrogen soon filled the upper part of the shade, and, occupying more and more space as its volume increased, it speedily filled the greater part of the shade, the beam of light *in* the shade fading from the sight of the spectators as the hydrogen occupied the space traversed by it. The shade being removed, the beam of light reappeared instantaneously in its place, but on the hydrogen being allowed to escape, a darkness as of a cloud of smoke passed across the beam, which immediately after its passage resumed its usual unbroken aspect. A gentleman present seemed inclined to question the success of this experiment, but the learned Professor partially repeated it, and completely proved his point. Having then observed that any other gas—*e. g.*, common coal gas—would serve equally well for this experiment, he said that, seeing that the air we are constantly breathing is so entirely laden with these particles of organic

matter, the wonder is that so small a portion of it is hurtful to human life. For some time an opinion had prevailed that contagious diseases were spread by a malaria; it was believed that matter in a state of decay entered people's bodies and produced in them conditions of decay like to its own. It was seen that the process of fermentation went on in this way, and that a little leaven leavened the whole lump. Why, then, it was asked, should we not believe that diseases propagate themselves thus? But in 1836 an answer was given to this question by the discovery of the yeast plant, and fermentation was shown to be a process of life instead of one of decay. In 1837 Schwann discovered that meat highly heated and excluded from air never putrefied. Putrefaction is, then, the result of something derived from the air, which has the power of propagating itself in the body, and must be a living organism such as the dust of the air has been shown to contain. The "germ theory" of the propagation of disease has been slowly gaining ground in the opinions of medical men, and, at a time when it was thought improbable by many of them, the president of this institution was one of its ablest advocates. These germs floating in the air enter the human frame, and, growing there, produce various disorders. In this way the Asiatic cholera, from a small beginning in the delta of the Ganges, in seventeen years occupied nearly the whole world. And the action of these germs has its exact counterpart in another part of nature's field; for as an acorn will produce an oak bearing a crop of acorns each capable of reproducing its parent tree, and so a whole forest may spring from a single seedling, so a germ of smallpox lodged in the body will produce a crop of pustules each one capable of reproducing germs like to the original one. Medical men know well how important it is to exclude the air from abscesses when they are being operated on, and instruments are specially constructed for this purpose; yet although the pus extracted on the first operation is sweet, on the second and all other operations it is generally putrescent, and swarming with living organisms called *vibrios*. This is caused by the germs clinging to the trocar, and by it introduced into the abscesses, flourishing therein under favourable conditions of temperature and food. The only way to "clean" the canula and trocar of these germs is to heat the instruments as highly as the temper will allow. It was an ascertained fact that the troublesome hay-fever was caused by these same vibrios.

Having shown that it is useless to try to blow away the dust from a beam by means of bellows, since the dust from the bellows immediately replaces that blown away, the learned professor proceeded to experiment on the state of the human breath as it issues from the lungs. His lungs being full of the common air of the room, he breathed through a heated tube so as to cause the breath to ascend through the beam of light, at the same time preventing any cloud of condensed aqueous vapour. At first no extraordinary appearance was visible, but soon the familiar dark clouds denoting the absence of illuminated dust appeared. He contended that this showed the history of the air in the lungs as clearly as if his skin and breastbone were transparent. The air which entered the lungs at the end of taking breath, being also the first to leave them on expiration, had not had time to deposit its dirt; but the air which entered the lungs first, and left them at the end of the expiration, having deposited its dust at the bottom of the lungs, showed its freedom from floating particles by its smoke-like track across the beam. Again, he filled his lungs with air filtered through cotton wool, and, on expiration, the dark clouds were seen from beginning to end. This proves that a filter of cotton wool will exclude these particles, as might also be seen by filling the nozzle of a common bellows with lightly packed cotton wool, and directing the air across a beam of light. Instinctively acting on this principle, a medical man, on entering an infected atmosphere, places his silk handkerchief over his mouth and nostrils; and, taking this hint, Dr. Bence Jones had tried the above experiment, substituting silk for cotton wool, and had obtained substantially the same result, though in a less perfect degree. In conclusion, the learned professor recommended the use of a respirator of cotton wool as a means of giving pure air to the lungs to all who are likely to be breathing germ-laden atmospheres; and at the present time, when London was full of scarlatina, he would recommend these respirators as the most efficient protection; and, armed by one of these, he declared his perfect willingness to enter any atmosphere, however infected it might be by scarlatina or other diseases.—Med. Times and Gaz., Jan. 29, 1870.

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CLINICS.

LECTURE.

Lecture on Hæmoptysis: its Causes, Results, and Treatment. By GEORGE JOHNSON, M. D., Physician to King's College Hospital, etc.—Since the time of Laennec, it has been very generally assumed that hæmoptysis, when not associated with valvular disease of the heart, or vicarious of the catamenial discharge, is almost always a result and an indication of tubercular disease of the lung. I have long known and taught that this doctrine, thus broadly stated, involves a large amount of error. I have seen a considerable number of cases of hæmoptysis in which there has been no evidence of structural disease within the chest, either at the time or for months and even years afterwards. Spitting of blood is a symptom which at the best is sufficiently alarming; there is no need to aggravate its terrors by the erroneous assumption that it is almost invariably associated with serious organic disease either of the heart or the lungs.

Let a man who has once spat blood apply to an insurance office, and the probability is that he will be rejected, or required to pay a large increase of premium; yet it may be that the blood-spitting was as much the result of a harmless accident as if the nose had been the source of the bleeding. The lung is by far the most vascular organ in the body. In addition to its own nutrient bronchial vessels, the whole of the blood from every other organ passes through the pulmonary capillaries. These two systems of vessels in the lung, in consequence of their relation to each other, to the heart, to the movements of the chest, and to the function of respiration, are more liable to sudden strain and pressure than the bloodvessels of any other organ; and it would be indeed marvellous, if bleeding did not frequently occur from their accidental rupture, without previous disease.

Now let us pass in review the chief known

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causes of hæmoptysis; and by hæmoptysis in this lecture I mean hemorrhage from the air-passages, excluding cases of bleeding from the gums or fauces.

First, then, tubercular disease of the lung is a frequent cause of hæmoptysis. Certain of the pulmonary capillaries are compressed by a tubercular deposit; the surrounding vessels are subjected to increased strain; they consequently give way, and hemorrhage occurs. In a more advanced stage of the disease, when softening of the deposit is in progress, bloodvessels may be opened by ulceration. In some instances, considerable branches of the pulmonary artery in tuberculous lungs become aneurismal; and the rupture of such an aneurism may be a source of sudden, copious, and even fatal hemorrhage.

Disease on the left side of the heart is a well-known cause of hæmoptysis. Suppose an incompetent mitral valve: the left ventricle drives a portion of the blood forcibly backwards into the lungs, while the right ventricle continues to propel the blood onwards. The pulmonary capillaries, strained by the increased pressure upon their walls, give way, and the result is hæmoptysis and pulmonary apoplexy.

Disease on the right side of the heart is comparatively rare; but, when it does exist, it not unfrequently causes bronchial hæmoptysis. In the "Medical Times and Gazette" of February 13th, 1858, I published the case of a woman whose sole organic disease was great dilatation of the tricuspid orifice. The whole systemic venous system was much engorged, in consequence of the reflux of blood through the tricuspid orifice. The bronchial veins and capillaries were partakers in this engorgement, and the result was rupture of bronchial capillaries and hæmoptysis. In cases of congenital narrowing of the pulmonary artery, hæmoptysis has been a frequent sympton. This, again, is a result of a retrograde engorgement of the bronchial veins and capillaries. These patients, too, have frequently become phthisical. I shall presently refer to the occurrence of phthisis as a *consequence* of pulmonary hemorrhage.

Bronchial hæmoptysis, resulting from disease of the right side of the heart, will help us to understand the hæmoptysis of apnœa. Thus hæmoptysis, to a variable extent, is an occasional accident in cases of spasmodic asthma. What is the explanation of this? Bronchial spasm limits the supply of air to the pulmonary capillaries. In consequence, the minute pulmonary arteries, by their contraction, check the onward movement of the blood. The systemic arteries are comparatively empty, while the whole systemic venous system is distended. The bronchial veins and capillaries share in this distension; and hence bronchial mucus exudation, and occasionally bronchial hemorrhage.

Active inflammatory congestion of the pulmonary and bronchial vessels is a frequent source of hemorrhage. In most cases of pneumonia, the expectoration is more or less blood-tinged. The mucous expectoration of bronchitis is not unfrequently mixed with blood. In both pneumonia and bronchitis, profuse hæmoptysis is an occasional occurrence, quite unconnected with tubercular disease.

About three years ago, I attended one of our former house-surgeons with bronchitis. He had profuse hæmoptysis for several days in succession. I felt very anxious about him; but there were no positive physical signs of tubercular disease; and I always hoped, and expressed hope. He completely recovered, and is now actively at work. I have seen several cases of the same kind.

Plastic bronchitis is a rare disease. I have met with it only once. When it does occur, hæmoptysis is a frequent symptom.

In cases of primary cancer of the lung, the sputa are more or less blood tinged, and not unfrequently assume the appearance of red currant-jelly.

In several cases of hæmoptysis that have come under my observation, emphysema of the lung has been the only structural change that I could discover. In most of these cases, the exciting cause of the hæmoptysis has been either an attack of bronchitis or over-exertion. In one case, a fat lady with emphysematous lungs, while suffering from an attack of catarrh, had profuse hæmoptysis after walking up stairs. She died some years afterwards, of Bright's disease; but had no symptom of any other pulmonary disease than emphysema, with occasional catarrh.

A former clinical clerk, a powerful muscular man, who has overstrained his lungs and rendered them emphysematous by excessive gymnastic exertion, has twice had hæmoptysis after playing at football. He remains in good health.

Without doubt, excessive exertion may cause rupture of pulmonary vessels and hæmoptysis in persons whose lungs and heart are perfectly sound; but it is obvious that vesicular emphysema is a predisposing cause of hæmoptysis from over-exertion. Vesicular emphysema is associated with more or less obliteration of pulmonary capillaries, and with hypertrophy of the right ventricle consequent on the impeded circulation through the lungs. Therefore, when the heart's action is excited by active exercise, the pulmonary capillaries are injected with great force by the strong right ventricle, and the result may be rupture of vessels and hemorrhage.

In a considerable number of recorded cases, the irritation of the air-passages by a foreign body introduced through the larynx has been attended with bronchial hæmoptysis.

It is obvious that a blow on the chest, either with or without fracture of the ribs, and a consequent wound of the lung, may rupture vessels, and cause hæmoptysis. So an aneurism of the aorta, or of one of its primary branches, may open into the air-passages, and cause hæmoptysis.

In all the cases of hæmoptysis to which I have referred, the hemorrhage results from various forms of structural disease or injury, either in the lungs, or heart, or bloodvessels; but pulmonary hemorrhage may occur unassociated with any appreciable structural change within the chest. In some of these cases, deterioration of blood, and consequent weakening of the walls of the vessels, are the probable causes of the hemorrhage. Thus hæmoptysis is one of the forms of hemorrhage which is not unfrequently associated with scurvy, with purpura, and with uræmia. I have repeatedly seen both profuse hæmoptysis and epistaxis as results of an habitual excess of alcohol and a deficiency of nutritious food.

Hæmoptysis is occasionally vicarious of the menstrual discharge. In cases of this kind, we must guard against deception. I once had a patient whose blood-spitting was supposed to have this origin. On examination, however, I discovered the source of the bleeding in numerous scratches which she had made with a needle in the roof of her mouth. I believe that this case is a type of some other supposed cases of vicarious hæmoptysis.

Lastly, there are cases in which there is no apparent cause for the hæmoptysis; and, to conceal our ignorance, we speak of the hemorrhage as resulting from a hemorrhagic diathesis. The following case, recently in the hospital, is an example of this (vol. xxxix. p. 75).

John Herring, aged 37, a blacksmith, was admitted Dec. 18th, on account of hæmoptysis, which began ten days before his admission. He said that, for a fortnight before he began to spit blood, he had suffered from pain in the right side of the chest. The hæmoptysis began on the 8th of December, and has continued daily until his admission. One day, the 11th December, he brought up as much as three-quarters of a pint. The blood, he said, had varied in colour, sometimes being dark, at other times bright red. He said that twelve years ago he had pleurisy; that five or six weeks after this he first spat blood, and that he had since had frequent attacks of hæmoptysis. He had sometimes passed nine months without an attack; at other times he had had two attacks within a week. The blood-spitting had generally continued from twenty-four to thirty hours. If it continued longer, he usually stopped it by a dose of elixir of vitriol. Three years ago, he had inflammation of the lung, and was laid up for six months, but during this illness he had no hæmoptysis. He said that he had always been temperate. His father died of old age (upwards of 80); his mother from "change of life, and something wrong in her head." He has three brothers and a sister in good health; none have died; his grandparents all lived to old age. On admission he was a fairly nourished man; but his face and lips were pallid. He complained of a troublesome cough, and he expectorated a quantity of dark yellowish-brown blood-tinged material, having a fetid odour; his breath, too, was fetid, and there was some pain over the right side. Tongue coated, appetite bad, bowels costive, urine normal; the skin was moist; at night, sometimes profuse perspiration; pulse, 66; temperature, 99.8. Percussion gave natural resonance over the whole front of the chest; behind, there was some dulness on percussion on the right side, from the spine of the scapula to the base of the lung; over the dull space there was rather large crepitation, with diffused blowing expiration; the vocal resonance and vibration were unchanged over the dull

space; elsewhere the respiratory sounds were normal, both front and back; the heart's sounds and action were normal. He was ordered to take ten grains of gallic acid every three hours; to inhale the vapour of turpentine and boiling water night and morning. On the 22d December, the expectoration had ceased to be blood-tinged; it was of a dark-greenish colour, and still had an offensive odour. Temperature, 98.5; the dulness and crepitation over the lower lobe of the right lung were diminished; he was ordered to inhale creasote instead of turpentine. He continued steadily to improve; the expectoration gradually ceased; and he left the hospital on the 15th January. The day before his discharge, it was noted that there was normal resonance over the right lower lobe; inspiration was vesicular and free from crepitation. The only abnormal sound was somewhat prolonged expiration over the right back.

Now here is a case in which a frequently recurring hæmoptysis, extending over a period of twelve years, is pretty certainly not associated with organic disease of the lung either as a cause or a consequence. When he came in, the physical signs indicated that the lower lobe of the right lung was partially consolidated, probably by blood, which had been driven into the extreme bronchi and air-cells, where it appears to have decomposed and become fetid. This blood was gradually expectorated; the lung has recovered its normal condition; and the man has been restored to his usual state of health.

Although I have long known that hæmoptysis not unfrequently occurs unconnected with phthisis, it is only recently that I have learned that pulmonary hemorrhage is an occasional exciting cause of phthisis. Laennec taught us to believe that, when profuse hæmoptysis is quickly followed by the symptoms of a rapid phthisis, tubercles were latent in the lung and caused the hemorrhage. Niemeyer has lately revived the doctrine, which was accepted before the time of Laennec, that a copious pulmonary hemorrhage, in a person previously healthy, may be an exciting cause of phthisis. (See Niemeyer's "Text Book of Practical Medicine," translated by Drs. Humphreys and Hackley, of New York.) Niemeyer's doctrine is, that a portion of the blood, being driven down to the ultimate bronchi and air-cells, acts as a foreign body, and sets up inflammatory and degenerative changes in the lungs, from which the patient may slowly recover, or which may result in cheesy deposits, excavations, and fatal phthisis.

In the second volume of the Clinical Society's "Transactions," there are two interesting papers; one, by Dr. Christian Bäumler, on "Cases of Hæmoptysis followed by Inflammatory Changes in the Lungs;" another, by Dr. Hermann Weber, on "Hæmoptysis as a Cause of Inflammatory Processes and Phthisis." These papers are confirmatory of Niemeyer's doctrine; and I am sure that in the main the doctrine is true, for it has rendered intelligible to me some facts in my past experience which before I could not comprehend.

On the 10th May, 1867, I first saw a married lady, aged about 25, who a month before, during a violent fit of coughing, had brought up a large quantity of blood. Since the hæmoptysis, she had been weak and ill, but not confined to bed. I found all physical signs normal at the upper and front part of the chest; but, over the right base at the back, there were some dulness on percussion, and rather loose and large bubbling rhonchi. The family history indicated no tendency to phthisis. The history and the physical signs were not those of tubercular disease, of ordinary pneumonia, or of ordinary bronchitis. I have no doubt that, consequent on the pulmonary hemorrhage, blood had been driven into the lower lobe of the right lung, and had there excited inflammatory changes. I saw this lady occasionally for some months, during which she gained strength, but the physical signs remained unchanged. I have heard quite recently that her health has continued to improve; but her medical attendant in the country says there is still dulness and crepitation over the right base, and still absence of abnormal physical signs over the upper and front part of the chest. There is reason to hope that ultimately she may recover from the accidental results of the pulmonary hemorrhage, though the long continuance of the physical signs gives to the case a somewhat serious aspect.

A few months ago, I saw a case in which the fatal consequences of pulmonary hemorrhage were of an unusual character. A lady, about 40 years of age, healthy, but of a somewhat delicate frame, during the early part of September, had a troublesome dry cough, and one day she began to cough up

a large quantity of florid blood. So rapid was the hemorrhage, that at one time she was nearly suffocated, and the active bleeding continued for several hours. I first saw her at Eastbourne, on the 17th of September, a week after the onset of the bleeding. She was then expectorating small quantities of semi-solid dark blood, which had evidently been for a considerable time out of the vessels. Percussion and auscultation over the front of the chest gave quite normal results; and, as the chest-walls were thin, the air could be heard entering the lung with great clearness. Over the right lower lobe at the back, there was marked dulness on percussion, and, on auscultation, rather fine crepitation, with diffused blowing expiration. The inference was, that the right lower lobe had been partially consolidated by blood driven into its tubes and vesicles. Percussion and respiratory sounds over the left back were quite normal. The pulse and breathing were somewhat quickened, but there was no febrile excitement. A few days afterwards, I heard that the chest symptoms were better, but that the left leg below the knee had become painful and swollen, though not inflamed; and I suggested that probably some coagula from within the pulmonary capillaries, having entered the circulation, had led to the formation of coagula within the capillaries and veins of the leg. On the 4th of October, I again saw the patient. I found that, during the last few days, the painful swelling of the leg had entirely subsided, but this had been succeeded by urgent dyspnœa. The breathing was still upwards of 40 in a minute; the pulse rapid and feeble; the countenance anxious; the face pale; the lips livid. There was now normal resonance over the lower lobe of the right lung, the air entered freely, and there was scarcely a trace of crepitation left. Over every other part of the chest, percussion and respiration were quite normal. The blood which, for a time, had blocked a portion of the lung-tissue, had been expectorated, and evidently there was nothing in the state of the lung to explain the alarming dyspnœa. What, then, was its cause? Probably, a fibrinous clot, from the temporarily obstructed vein in the leg, had made its way to the right side of the heart, and there was embolic obstruction of the pulmonary artery. The dyspnœa was due, not to want of air in the lungs, but to want of moving blood. After my visit, the dyspnœa continued and increased, and she died early on the morning of the 6th October.

There was no inspection of the body, but there can be scarcely a doubt as to the sequence of events. Pulmonary hemorrhage led to impaction of blood in the lower lobe of the right lung; this was soon expelled; but, meanwhile, either blood materials absorbed from the air cells by the pulmonary capillaries, or, probably, coagula formed within the pulmonary capillaries while the blood was rendered stagnant by pressure from without, passed into the circulation, and led to the formation of coagula within the capillaries and veins of the leg; thence coagula found their way back to the right side of the heart, where they increased and caused a fatal obstruction to the circulation.

You see that pulmonary hemorrhage is a subject which demands a careful and diligent study. Each case requires a minute and accurate investigation before we can venture to give an opinion as to the cause or the probable consequence, or the appropriate treatment. There are few cases in which an off-hand inconsiderate opinion is more likely to be erroneous, and, therefore, unjustifiable, than in these cases of blood-spitting. The fact that hæmoptysis is often associated with serious organic disease, either as a cause or a consequence, renders it the more important that the antecedents and the circumstances of its occurrence should, in every case, be thoroughly investigated.

The treatment of pulmonary hemorrhage will vary somewhat according to the nature of the exciting cause. There are, however, certain general rules which are applicable to all cases. The patient must remain as absolutely at rest as possible. Bodily exertion or emotional excitement, by increasing the force and frequency of the heart's contractions, is apt to increase the bleeding, or to provoke a return. The patient should lie still, and neither move, speak, nor cough more than is absolutely necessary. A cough is a powerful provocative of pulmonary hemorrhage, and it is sometimes desirable to allay irritation and cough by a dose of morphia, or by a cautious inhalation of chloroform from time to time. Do your utmost to prevent the patient from being alarmed and excited by the sight of the blood. Let him have a plentiful supply of cool fresh air. Let him keep lumps of ice

in the mouth and swallow the cold water. Sometimes the application of ice to the chest has a powerful effect in arresting the bleeding. It should not be continued long enough to chill the patient; and it is more likely to be effectual in exciting sympathetic contraction of the deeper arteries when applied for a short time over different parts of the chest, both front and back, than when applied continuously over one part. Gallic acid I believe to be one of the best styptics in cases of pulmonary hemorrhage. It may be given in doses of ten grains, in the compound infusion of roses, every three hours, if the bleeding be copious, and less frequently as the bleeding subsides. Another useful styptic is the liquid extract of ergot. This, too, may be given every three hours, in doses of half a drachm. It may be given alone or combined with the gallic acid mixture. The oil of turpentine in 20-minim doses sometimes succeeds when other remedies fail; and I have seen the bleeding quickly arrested by the inhalation of turpentine vapour. We directed our patient, Herring, to inhale, first turpentine, and subsequently creasote, for two reasons: first, to correct the fetor of the expectoration and the breath; and, secondly, to promote the expulsion of the decomposing blood from the lung, and thus prevent the risk of mischief from its retention. You will find the inhalation of turpentine vapour an excellent expectorant in this and other cases where the object is to expel accumulated material from the air passages. An emetic of sulphate of zinc may sometimes be given for the same purpose. Dr. Weber, in the paper before referred to, recommends a combination of antimony and ipecacuanha as an emetic, partly to expel blood from the lung, and partly to arrest bleeding.—British Med. Journ., Feb. 12, 1870.

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Clinical Lecture on Various Subjects. By JAMES PAGET, F.R.S.

Mr. Paget (on Wednesday last) commented upon several of the cases admitted under his care during the preceding week into the accident wards.

Fracture of the Femur.—In reference to a man, aged 44, suffering from fracture of the femur between the middle and lower thirds, Mr. Paget made some remarks on the treatment of this injury, advocating strongly the American[1] plan of suspending the limb in a sort of trough splint by cords passing upwards and forwards, so that the line of traction forms an angle with the axis of the femur. The whole limb is raised from the bed, and the knee is a little bent. Mr. Paget prefers this apparatus to the long straight splint for the following reasons. Its use is followed by less shortening; it is much more comfortable; it allows the patient to move the body without in any way disturbing the injured limb, and thus it does away with the necessity of prolonged recumbence, an advantage which Mr. Paget thinks of no mean importance, especially in old persons.

Retention of Urine.—A man, aged 29, was admitted for retention and dribbling of urine; the latter symptom had existed for six weeks. His bladder was much distended. An attempt to pass a catheter was unsuccessful, but he passed all his urine while in a warm bath after a dose of laudanum. In comparing the effects of catheterism and the warm bath, etc., in cases of spasmodic stricture, Mr. Paget enlarged on the necessity of great caution in using instruments, and on the increased risk of making false passages when the urethra is in a softened state from congestion and inflammation; and advised that the same reliance should be placed on opium, rest, and the warm bath for reducing the swelling of the urethral tissues in cases of spasmodic stricture, as for relieving the tumefaction of the nasal mucous membrane in ordinary "cold in the head." The use of the catheter should, Mr. Paget considers, be deferred if possible for a few days, as it was in this case, and then, when the irritability of the urethra has passed away, the organic stricture, if it exists, may be treated.

Inflamed Bursa Patellæ.—This was a case in which a fall on the front of the knee had been followed by inflammation and suppuration in the bursa and a phlegmonous inflammation of the neighbouring superficial structures. Mr. Paget said that this case would serve to illustrate the curious and hitherto unexplained fact that blows upon bursæ are much more liable to be followed by severe local inflammation and suppuration than are far more extensive

[1] Mr. Paget uses a modification of Dr. Hodgen's apparatus, devised by Mr. Bloxam, Surgical Registrar of the Hospital.

contusions not involving these organs. Mr Paget prefers to make *two* incisions into a suppurating bursa, so as to admit of very free exit for the matter.

Compound Comminuted Fracture of Femur just above the Condyles.—A woman 63 years of age fractured her femur just above the condyles; a small wound near the seat of fracture gave exit to synovia, and the accident was soon followed by effusion into the knee-joint, with heat and inflammation of that part. Several years ago she fractured the same femur at the neck, since which accident the limb has been considerably shortened, and the heel has been raised as in talipes equinus. Mr. Paget remarked that oblique fracture of the lower end of the femur, like the corresponding lesion of the humerus, is often complicated with vertical fracture extending into the joint, as in this case. The treatment recommended, when synovia escapes from a wound in such a case, was that adopted in this instance; viz., sealing the wound with collodion, irrigation with cold water if the joint become painful, hot, and distended, and the application of a long splint.

Mr. Paget alluded to several other cases of minor interest, among which were the following.

Extensive Scalp-Wound Treated by Wire Sutures.—Mr. Paget mentioned this case in order to dispel the common belief that sutures are unadvisable in treatment of scalp-wounds. He considers that sutures in these cases do not add to the risk of erysipelas—a complication which is more likely to follow wounds of the scalp than wounds of other parts, however treated.

Fracture of the Nasal Bones.—The man, aged 80, was admitted, said Mr. Paget, simply on account of his age, there being no concussion or other urgent symptoms. Mr. Paget advised his hearers to bear constantly in mind that old people sometimes die from the effects of injuries which would be of quite trivial importance in young subjects.

Severe Contusion of the Leg.—Mr. Paget drew attention to this case as illustrating all the phenomena of an extensive bruise; and showing, in addition, the formation of bullæ containing blood-stained fluid of the same nature as that to which the swelling and discolorations of a bruise are due. Mr. Paget remarked that these bullæ are usually associated with fracture, and are not commonly seen in cases of simple contusion.

In mentioning and describing a case of Pott's Fracture, Mr. Paget alluded to the desirability of endeavouring to ascertain, as an aid to diagnosis, the direction in which the breaking force had been applied in all cases of fracture.—British Med. Journ., Feb. 26, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The American Medical Association will hold its twenty-first annual session in Washington, D. C., on the 3d of May next, at 11 A. M. Secretaries of all medical organizations entitled to representation should, without delay, forward to the permanent secretary, W. B. Atkinson, 1400 Pine St., Philadelphia, a list of their delegates.

National Medical Convention for Revising the Pharmacopœia.—In compliance with a resolution of the National Convention for revising the Pharmacopœia, directing that the names of the delegates announced to the President of the Convention as having been appointed to attend the Convention, to meet on the first Wednesday of May next, at Washington, be made public in the newspapers and medical journals in March, the following names of delegates are now published, with the date at which their appointment was made known to the President, in the order of their announcement:—

May 27, 1869. St. Louis Medical College—A. Litton, M. D., J. S. B. Alleyne, M. D.

June 6, 1869. Maryland College of Pharmacy—Wm. G. Thompson, J. Faris Moore, Louis Dohme.

June 6, 1869. Missouri Medical College—Chas. O. Curtman, M. D.

June 25, 1869. St. Louis College of Pharmacy—O. F. Potter, M. D., Hubert Birum, M. D., Eugene L. Mariott.

June 25, 1869. Chicago College of Pharmacy—Albert E. Ebert, Henry Biroth, C. Lewis Diehle. Alternates—Jas. W. Mill, F. Mahle, M. D., Louis Storhl.

August 9, 1869. Jefferson Medical College—Jno. B. Biddle, M. D., B. Howard Rand, M. D.

Dec. 9, 1869. Medical Society of District of Columbia—Thos. Antisell, M. D.,

C. H. Lieberman, M. D., B. F. Creng, M. D.

Jan. 11, 1870. Medical College of Virginia—J. S. Wilford, M. D., R. S. J. Peebles, M. D.

Jan. 20, 1870. Massachusetts College of Pharmacy—Geo. F. J. Markoe, Thos. Dolliber.

Feb. 1, 1870. Medical Society State of New York—Caleb Green, M. D., Wm. Manlius Smith, M. D., Edward R. Squibb, M. D.

Feb. 3, 1870. College of Physicians of Philadelphia—Geo. B. Wood, M. D., Robt. Bridges, M. D., H. C. Wood, M. D.

Feb. 15, 1870. College of Pharmacy of the City of New York—Wm. Hegeman, Wm. Neirgard, P. W. Bedford. Alternates—Theobold Frohuein, Augustus H. Weismann, Geo. C. Close.

Feb. 16, 1870. National Medical College (Medical Department of Columbia College) Washington—Geo. W. Dore, M. D., Jno. C. Riley, M. D.

March 10, 1870. Medical Department of the University of Pennsylvania—Jos. Carson, M. D., Robt. E. Rogers, M. D.

March 18, 1870. Philadelphia College of Pharmacy—Wm. Procter, Jr., Jno. M. Maisch, Alfred B. Taylor.

The following letter has been received by the President, offering the use of a hall for the meeting and subsequent sittings of the convention:—

1407 New York Avenue,
Washington, D. C., Feb. 16, 1870.

Prof. Geo. B. Wood, M. D.,

My Dear Dr.: It affords me pleasure to inform you that at a recent meeting of the faculty of the National Medical College (Med. Dept of Columbia College, Washington), the following resolution was unanimously adopted:—

Resolved, That the Dean be instructed to tender to Prof. Geo. B. Wood, the President of the Convention to revise the Pharmacopœia, held in 1860, the college buildings for the meeting to be held in May, 1870, and to make the necessary arrangements therefor.

The building is centrally situated, in the vicinity of the principal hotels, and is well suited for the purpose.

Respectfully, your obdt. servt.,
Jno. C. Riley,
Dean of Faculty of National College.

Graduates in Medicine in 1870.—

University of Pennsylvania . .	113
Jefferson Medical College . .	160
Bellevue Hospital Medical College .	140
Massachusetts Medical College. .	39
Medical College of Ohio (Cincinnati)	56
Miami Medical College (Cincinnati)	36
Cincinnati College of Med. and Surgery	19
Buffalo Medical College . . .	41
Medical Dept. University of Nashville	59
University of Louisiana . . .	74

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University of Maryland.—Dr. Christopher Johnston has been elected to the chair of Surgery, in the place of Prof. N. R. Smith.

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Medical College of Virginia, Richmond.—The course of lectures in the summer school of this institution will begin on Wednesday, March 30, and continue four months. The lecturers are Drs. M. L. James, Practice of Medicine; J. R. Page, Obstetrics; Wm. H. Taylor, Chemistry; F. B. Walkins, Diseases of Women and Children; John G. Skelton, Physiology; Geo. Ross, Surgery; James E. Williams, Mat. Med.; Z. B. Herndon, Anatomy.

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Summer Instruction in Philadelphia.—Since the publication of our last number we have received the following announcements of courses of medical instruction in Philadelphia during the coming summer:—

Diseases of Females.—Dr. F. H. Getchell will deliver a course of twelve lectures on the surgical diseases of females, at the Catharine Street Dispensary, commencing on Wednesday, April 13th, at 3 P. M.

Ophthalmic Surgery.—A course of lectures upon the eye will be given by Dr. Geo. C. Harlan at the class room of the Medical Institute, 920 Chestnut Street, during April, May, and June.

Summer Course of Medical Instruction.—Drs. W. H. H. Githens, R. G. Curtin, G. M. Ward, and De F. Willard, will commence their summer course of medicine April 4, 1870, at their class rooms, 921 Market Street. The course will consist of examinations and lectures.

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State Medical Society of East Virginia.—We understand that an effort has been made to reorganize a medical society in Eastern Virginia, to meet at Richmond.

Auxiliaries have been formed in several of the counties, and an invitation has been extended to the members of the faculty throughout the State, to complete the organization which, since the war, has ceased to exist.

In May next, the National Association will convene in Washington city, and it is desirable to accomplish the object in time to nominate delegates to that body, and especially to contribute to the general fund of medical literature of the country.

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Michigan University Medical Journal—This is the title of a journal conducted by the faculty of the medical department of Michigan University, the first number of which, now on our table, bears the date of March, 1870. We welcome it to our exchange list.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—The distinguished Edinburgh champion of chloroform contributes to the British Medical Journal (Feb. 26, 1870), "Remarks on a case of sudden death in ovariotomy while the patient was under the influence of chloroform." The patient was married, about 22 years of age, thin and emaciated. The tumour was as large as the pregnant uterus at the sixth or seventh month. Sir James Simpson administered chloroform upon a towel. On a post-mortem examination of the body, no disease could be found in the head or chest, or elsewhere. Sir James avoids stating the cause of death, but narrates 10 cases of death from shock, which he seems to think bear a strong resemblance to his own case. This is apparently as typical a case of death from chloroform as any that has ever occurred.

"We learn (Brit. Med. Journ., March 12, 1870) from a private source that on Wednesday, February 23d, another death from chloroform occurred in Professor Billroth's clinic at Vienna. This eminent surgeon was about to effect forcible extension of the knee on a female aged 24, when, in consequence of chloroform narcosis, hardly complete, symptoms of asphyxia prevented his proceeding with the operation. The operator at once commenced artificial respiration. The patient breathed regularly during one minute; but, before the interrupted operation could be continued, breathing became again irregular, and the pulse ceased to be perceptible. Tracheotomy was now performed, but to no effect, as the lungs only acted a few times. Finally, venesection and electro-puncture were tried, but all in vain. The post-mortem examination showed small vegetations on the valves of the heart. It is to be noted that the pulse ceased to be perceptible before respiration stopped."

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Large Doses of Quinine in Relapsing Fever.—Three cases of relapsing fever admitted into St. Bartholomew's Hospital have been treated with large doses of quinine immediately before the anticipated relapse. Two cases received each ten grains on the afternoon of the thirteenth and morning of the fourteenth day of the fever, and five grains for four succeeding mornings. The third case had one ten-grain dose on the thirteenth day, followed by four five-grain doses. The results were most satisfactory, as in none of the patients thus treated did the relapse occur. As yet, there has been no opportunity of treating others in the same way. No other patients have been treated with quinine.

Of eight other cases that occurred in this hospital, in six the second remission was accompanied by a greater fall of temperature than in the first; and, as the prostration following the remission seemed to be in proportion to the sweating and sudden fall of temperature, the danger of death is in great measure obviated, as well as the convalescence shortened by several weeks, if the relapse can be prevented.—British Med. Journ., Feb. 26, 1870.

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Local Treatment of Croup by Lactic Acid.—A knowledge of the power possessed by lactic acid to dissolve fibrinous exudations induced Dr. ADOLPH WEBER to try it in cases of croup. At first he used it only after the operation of tracheotomy, partly with a view to keep the tracheotomy tubes clean, and partly hoping that the lactic acid might affect the membranes which extended downwards into the bronchi. The results were so favourable in both respects that he proceeded to try it in severe cases of croup before having recourse to tracheotomy. Since then he has not once had occasion to operate, and has not lost a single case of croup. In some very severe cases in which inspiration and expiration were equally ob-

structed, and the condition of the faucus indicated an abundant fibrinous exudation in the trachea, the difficulty of breathing was completely relieved within seven to ten hours of using this remedy, and two or three days after no trace of the local affection remained.

During the treatment there was not, as is generally the case, an expectoration of tough membranous sputa, but gradually the whistling barking inspiration and expiration were replaced by distinct rattling noises; the voice, before quite suppressed, began to assume a hoarse timbre, and considerable quantities of loose white frothy phlegm were expectorated during the fits of coughing, until at last the struggle for breath quite ceased, and the disease assumed more the character of a catarrhal affection of the throat.

The treatment consists in the local application of the remedy to the windpipe by means of inhalation. The patient is made to inhale a solution of lactic acid (15 to 20 drops in half an ounce of water) at first every half hour, and afterwards, when the respiration improves, every hour or every two hours a solution of 10 to 15 drops in half an ounce of water.

The inhalation is discontinued as soon as the dyspnœa has subsided, and to promote expectoration chamomile-tea is exhibited.

In using the inhalation care must be taken that the vapour does not affect the eyes or face.

With this treatment was conjoined the internal exhibition of carbonate of soda every half-hour or every hour, which was thought to exert a beneficial effect upon the exudation.—Med. Times & Gaz., Jan. 22, 1870.

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Employment of Phosphorus in Psoriasis.—Of late, several experiments with phosphorus have been made in the various hospitals of Paris. It has been tried in some cases to which it had not until now been applied. Amongst others, we may just mention the employment of phosphide of zinc in locomotor ataxy, and phosphorus in psoriasis. This last trial is due to Professor Hardy, the well-known dermatologist. M. Hardy had previously employed the substance in similar cases, and had renounced its use; but during the last few months he has resumed his researches. There are now five patients in his wards—three female and two male—subjected to this mode of treatment. One of the female patients, aged sixteen, and affected with general psoriasis, has taken every day since December 16th a teaspoonful of the following compound—oil, 150 grammes;[1] phosphorus, 10 centigrammes: and has been rubbed every night with a pomade composed of—hog's lard, 100 grm.; phosphorus, 1 grm. Under the influence of this treatment the scales have completely disappeared. No unusual symptom has been observed.

The other two females have not taken the substance internally, M. Hardy having limited the experiment to friction with the pomade. The amendment is, however, obvious, though the scales have not yet entirely disappeared. The treatment was commenced in the beginning of January.

With regard to the two men, the entire plan of treatment, internal and external, was instituted about a fortnight ago. They are also doing exceedingly well.

This mode of treatment deserves to be noticed on account of its novelty, and of the extremely favourable results which it has afforded until now. It requires, however, to be more extensively employed before any definite judgment can be formed. It also remains to be seen how it will turn out as compared with the other medicaments which are now generally employed here, such as cade oil, tar pomade, nitric-acid pomade, &c. Another point which requires to be settled is whether psoriasis will return after a successful course of treatment, and, if so, at what interval. This can only be decided by time.—Lancet, Feb. 19, 1870.

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Prurigo treated by Ointment of Iodoform,—Prof. Tanturri, of Naples, has used the ointment of iodoform in obstinate prurigo. This compound, first brought prominently into notice by Bouchardat, is now employed extensively not only for glandular enlargements, but also, owing to its anæsthetic properties, in skin diseases accompanied with intense pruritus; its odour is much more agreeable than that of chloroform, resembling that of saffron. Moretin and Humbert recommend it for internal use as possessing all the advantages of iodine, of

[1] A gramme is about 15½ grains troy; a centigramme is one-hundredth of a gramme.

which it contains 90 per cent., without any of its inconveniences. It exercises upon the sphincters a local anæsthetic effect so powerful that defecation is sometimes performed unconsciously after its use; it therefore forms an admirable suppository in cases of tenesmus, hæmorrhoids, etc. Moûtre's formula is—iodoform, powdered, gr. xx; cocoa butter, ʒj; melt and mix for six suppositories. For frictions the ointment is used in the strength of ʒj to the ounce of simple ointment.—Med. Times & Gaz., Jan. 22, 1870.

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Eczema of the Legs.—A distinction is drawn by Dr. TILBURY FOX between those cases of pustular eczema in which the pus-formation is accounted for by the intensity of the inflammation, and those in which it is not to be so explained, but rather upon the supposition of a pyogenic habit of body; and, in elderly and old subjects, the existence of a strumous tendency is thought to be often overlooked. Whilst cod-liver oil and the like are given freely to the latter class of cases, one point in the local treatment insisted upon is the avoidance of any stimulant or irritant applications; and the application of the compound lead-ointment of the old London "Pharmacopœia," during the cruety and discharging stages, constantly applied, so as to exclude the air, and subsequent strapping with diachylon or leather, are approved. There is a woman now in the hospital who has had an eczema impetiginoides of the leg for twenty-five years, off and on, and becoming much worse of late, who is now practically well of her ailment from the adoption of the above treatment.—Brit. Med. Journ., March 12 1870.

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Parasiticides. Dr. MCCALL ANDERSON prefers to use ointment of staveacre for body-lice. Powdered staveacre, one ounce; lard, three ounces; digest for three hours. For scabies, he thinks sulphur the worst remedy, and prefers sponging the whole body, night and morning, with a solution of chloride of lime; or using an ointment composed of liquid storax, one ounce; lard, two ounces; mix and strain. These only kill the acarus, and do not irritate the skin. He advises epilation in sycosis and in favus. Clothing may be disinfected by exposing to the fumes of sulphur or very hot air.—Med. Press & Circular, Feb. 9, 1870.

Burns and Scalds in Children.—M. GIRALDES lately made some interesting clinical remarks on this subject at the Hôpital des Enfants Malades. These lesions, he said, are very frequently met with in childhood, and formed one of the difficult points of surgical practice among children. How many burnt children only crossed the wards to be carried into the dissecting-room! Numerous were the difficulties encountered in the treatment, and therefore he thought it necessary to insist on a few points connected with the subject.

First, from a clinical point of view, the danger of a burn depended on its extent. Thus, if two cases were taken, one in which a leg had been completely roasted, even to Dupuytren's sixth degree, and another in which there existed a more superficial but far more extensive burn, the former had a much better chance of ending favourably.

Beyond this, the lesions were extremely varied. In children they were generally produced either by the clothes taking fire, or by a boiling liquid (water, beef-tea, &c.), or by the children falling into the fire. Various situations of the body—the extremities, the chest, the head, &c.—might thus be injured. Insisting on the less perilous character of deep burns, as compared with extensive ones, M. Giraldès quoted the example of lunatics who, wishing to destroy themselves, introduce their heads into a stove, and get their skulls roasted even to the cerebral substance, and yet eventually recover.

It was unimportant to go through a regular description of the lesions, according to the different degrees pointed out by Dupuytren or Webster. The clinical points of the question were of far greater interest. Thus, it was most important to study the general condition which attended burns of the second and third degree, and was accompanied by various symptoms resulting from shock, exhaustion, and nervous reaction. It entailed congestion, coma, algidity, and often ended in death. Many children brought into the wards of the Hôpital des Enfants, with extensive burns, were quite cold, could scarcely breathe, and perhaps died in twenty-four hours. Congestion of the lungs and of the brain might be developed, and at the post-mortem these lesions were detected, together with spinal congestion, serous effusion in the meninges, &c. The depression of the nervous

force thus produced was an imminent cause of danger; and so, in presence of an extensive burn, the first duty of the surgeon was to re-establish circulation and heat, and thus produce decongestion of the parts.

Sometimes death would not take place in the space of twenty-four hours; the children would survive during two or three days, and then symptoms of reaction were observed. And when the disease lasted some time more, ulceration of Peyer's patches, or other parts of the alimentary canal, would be found among the injuries noted after death.

It occasionally happened, however, that, notwithstanding the deepest or most extensive burns, the little patients would resist the injuries and shock. Locally, other phenomena would then be observed. On the burnt spots there would be a process of exudation, granulation, softening, and mortification. Abundant suppuration would follow; and the children would die through this continual drain. This suppuration formed the second difficulty against which the surgeon's efforts should be directed. The suppuration should be assisted and regulated. Amidst this process of suppuration the patients were seen to become cachectic and emaciated, losing their strength, &c. The suppuration became serous and exhausting.

This was not all. After suppuration arose a third difficulty, which again required all the earnest attention of the surgeon—namely, cicatrization. When the burn was situated in the neighbourhood of the joints, and of the natural openings, such as the mouth, &c., most distressing, and sometimes hideous, deformities might occur, and must be obviated, if possible. Forced flexion, adhesions, closure of the natural orifices, &c., might be produced.

With regard to treatment, there existed a large number of means and proceedings. The first idea which occurred to the mind was the application of cold or other agents which might abate the inflammation thus momentarily kindled. This was an excellent means, but could only be applied to burns of the limbs, and not to those of the chest, abdomen, &c.; because it would bring on general injuries in the internal viscera, which would complicate the condition of the patient.

The proceedings which consisted in shutting up the injured parts from the contac of air were more reliable, and of more ex tensive application. It might be a thicl layer of cotton-wool, or a coating of gun arabic, of a fatty matter, &c. During th American war, slices of fresh bacon wer employed with the best results. The fatt matter might be combined with an astrin gent substance. Thus the oleo-calcar lini ment, or combination of oil with lime-water was very generally employed.

When the burn was not limited to a mer rubefaction, but extended deeply, an brought on mortification, suppuration, &c. the suppuration was sometimes extremel difficult of cure, and resisted the ordinar means—such as fatty substances, the oil and lime-water liniment, &c. In these as well as in all other cases, M. Giraldè has completely abandoned the use of th liniment and has adopted a means whicl affords the most excellent results in burn of the first degree, and favourably modifie suppuration when it occurs. It consists i a solution of sulphate of zinc, which form a cheap and ready remedy. The solutio of zinc is formed of one gramme of the sul phate and one hundred grammes of water and it is applied by means of wet com presses. The granulation and cicatrizatio form rapidly under the action of this reme dy; and when there is any proliferation o cheloid, M. Giraldès cauterizes with nitrat of silver. When circumstances, topogra phical or otherwise, prevent the applicatio of the ordinary means, M. Giraldès employ hog's lard simply, or a pomade formed o lard and sulphate of zinc.

Referring to the protracted cases whicl are so severely trying to the patient, M Giraldès remarked that it was extremely im portant to support the patient by nourishing food, rum, coffee, &c. With this and th employment of proper local means satisfac tory results might generally be obtained.

Before concluding his lecture, M. Giral dès briefly alluded to those cases in th neighbourhood of the joints in which th process of cicatrization might produce con siderable deformities, and in which it wa often desirable to employ splints or othe contrivances. But the application of suc apparatus to the neck was of extreme diffi culty, and it was in this situation that th most varied disorders and deformities wer to be seen. He had had a case unde

treatment in which there was complete retraction of the lower lip.—Lancet, Feb. 19, 1870.

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Successful Ligation of Common Carotid.—The Allg. Med. Central Zeit., of December 1st, 1869, contains the case of a young man who, in a quarrel, was stabbed in the neck. Dr. Marquardt, of Thorn, found behind the angle of the right lower jaw a solution of continuity an inch long, running in a horizontal direction, and leading into a kind of sac downwards and inwards. The patient had swooned from loss of blood. An attempt was made to tie the external carotid in the wound, but without success; and it was at once resolved to tie the common carotid. This was done easily, and the patient made a good recovery. He was hale and strong a month after the operation, the ligature having come away in twenty days.—Lancet, Jan. 22, 1870.

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Nephrotomy.—On Thursday, Feb. 3, the operation of cutting into the kidney for removal of renal calculus was performed by Mr. Durham at Guy's Hospital. The theatre was crowded with students and others anxious to see so rare an operation. We believe, indeed, that there is only one instance of its performance recorded, and that was by a surgeon of Venice upon an Englishman some hundred and fifty years since. Two or three stones were then extracted to the great relief of the patient, a urinary fistula remaining in the loin. Owing, doubtless, as much to the uncertainty of the diagnostic signs of renal calculus as to the supposed risks of the procedure, the operation fell into oblivion, until a paper read before the Medico-Chirurgical Society last year by Mr. Thomas Smith, of St. Bartholomew's Hospital, again brought the subject before the notice of the profession. Although Mr. Durham's bold attempt ended in disappointment, we saw enough to convince us that, as far as cutting down upon the kidney is concerned, there is neither great difficulty nor any apparent grave risk in the proceeding. Mr. Durham made his incision along the edge of the erector spinæ, from the pelvis to the eleventh rib, and quickly reached the hilus of the kidney without difficulty, and with little or no loss of blood, but no stone was found, although the symptoms previously manifested had been such as are considered characteristic of stone in the kidney. The hilus of the kidney and the ureter, for the space of an inch and a half, were thoroughly examined, but not opened, no stone being felt, and their general appearance, as well as that of the kidney, being perfectly healthy. So far from the operation having been injurious, five days later the woman expressed herself as being more free from pain than she had been for a long time! Full details of the case will be published whenever it may be considered to have terminated, whatever the termination may be.—Med. Times & Gaz., Feb. 12, 1870.

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Excision of Kidney.—Dr. Simon, of Heidelberg, has performed a surgical operation of considerable interest. In a woman upon whom he had performed ovariotomy there remained a flow of liquid issuing from a distinct situation in the abdominal cicatrix. All remedial proceedings, and even autoplasty, were successfully tried to no purpose. The character of the fluid was then investigated, and was found to be urine, proceeding from a lesion of the ureter which had occurred during the operation. Dr. Simon then undertook a series of experiments on animals with the object of determining whether a kidney might be removed without any evil consequences to the economy. The end of these researches was the decision to extirpate the kidney, and the operation has been performed with the most satisfactory results.—Lancet, Feb. 5, 1870.

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Retained Dead Fœtus.—Dr. Alfred McClintock exhibited to the Pathological Society of Dublin an embryo five or six weeks old, which had not been expelled from the uterus until the seventh month of gestation. The patient, who was mother of several children, had suffered for some time from severe uterine hemorrhages. These were found to depend on the presence of the dead fœtus. Dr. McClintock called attention to the absence of any evidence of putrefaction in connection with the specimen. He also alluded to the importance, from a medico-legal point of view, of arriving at a correct opinion regarding a case of the kind, where an embryo, whose vitality had long since ceased, was retained, perhaps for months, in the uterus.—British Med. Journ., Jan. 29, 1870.

Nail passed safely through the Alimentary Canal of a Baby.—Mr. Blower relates (British Med. Journ., Feb. 26, 1870) the case of a baby brought to him in a state of suffocation. "Passing my fingers into the fauces, I felt a piece of iron right across. A slight touch dislodged it; and, to my great dismay, it went down. The child immediately recovered its breath, and was soon at the breast. I desired the mother to give nothing but the breast-milk, and to watch carefully the motions. The next day, the poor woman came with the nail which I have now before me. It is two inches long, and a quarter of an inch broad at the head; the point is rather blunt."

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Scarlatina.—In the Whitechapel district, the deaths from scarlatina during the first three quarters of 1869 were at the rate of 247 to 100,000, the corresponding number for all London being 152. These proportions are considerably more than double the annual mortality from the same disease for the preceding nineteen years.—Brit. Med. Journ., March 12, 1870.

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Smallpox and Vaccination in Paris.—The prevalence of smallpox in Paris has been attended by a failure in the supply of vaccine matter. The government has therefore granted the Academy of Medicine 2000 francs, in order to keep up a supply from the heifer. The Municipal Council of Paris, on the proposal of the Prefect of the Seine, has voted 10,000 francs for the organization of a system of gratuitous vaccination and revaccination at each of the *mairies* of Paris. The Prefect has given notice to each of the mayors of Paris that, on and after March 2d, and throughout the prevalence of the present epidemic, vaccination from the heifer will be performed at each *mairie* in turn, from the heifer. The inhabitants of Paris are availing themselves of the opportunity to a very great extent On one morning of this week, as many as two thousand persons presented themselves for vaccination at one *mairie* alone.—Brit. Med. Journ., March 12, 1870.

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Cause of Œdema.—We suppose that if any of our readers were asked what would be the effect of suddenly applying a ligature to the principal vein of a limb, or in any other way arresting the return of the blood through it, the immediate answer would be, that congestion would occur, which would relieve itself by serous exudation through the coats of the vessels; or, in other words, that œdema of the whole limb below the point at which the circulation was arrested would take place. If however, it were further urged that cases daily come under observation in which particular veins have become obliterated by the pressure of tumours or what not, and yet that such obliteration is not followed by any œdema or dropsical accumulation, the stereotyped reply would be, that in such cases the retardation of the blood current had occurred so slowly that sufficient time had elapsed to enable the collateral channels to become dilated, and to convey by a thousand smaller vessels the blood which was previously transmitted by one. At a recent *séance* of the Académie des Sciences, however, M. Ranvier adduced certain experiments which, if they do not absolutely disprove the ordinarily received views, at least are strongly suggestive of the suspicion with which we should regard all traditional dogmas, however high the authority by which they are supported.

The views above mentioned seem to date from the experiments made by our countryman, Richard Lower, who, in his "Essay on the Heart and on the Colour and Movement of the Blood," first showed that tying the vena cava was followed by ascites, and ligature of the jugular veins by œdema of the head, with copious flow of saliva and tears, resembling, as he says, the salivation produced by mercury, terminating in two days in suffocation. Although apparently conclusive, these experiments were not universally accepted, and even so recent an observer as Hodgson states that he had seen several instances in which the femoral vein was obliterated, and one in which it was included in a ligature, without any unfavourable consequence. In 1823, M. Bouillaud, in an important memoir that was published in the "Archives Général de Médecine," again took up the views of Lower, and corroborated them by the details of cases in which, when œdema affected a certain portion of the body, he found the corresponding vein obliterated either by a tumour or by a clot which had formed after delivery. From the period when this memoir appeared the general impression has been that the obliteration of the principal vein of a part sufficiently accounts for

œdema into its tissue. M. Ranvier, however, appears to have been dissatisfied with the accepted views on the subject, and proceeded to repeat the second experiment of Lower. He tied the two jugular veins at the interior part of the neck in a dog and in a rabbit. To his surprise, however, these animals presented no discharge of tears, no salivation nor any œdema of the head. In other experiments he ligatured the femoral vein immediately below the crural ring in the dog; but here again no œdema occurred either on the day of operation or at any subsequent period. These results, consequently, were in accordance with those observed by Hodgson in man. Lastly, he applied the ligature to the inferior vena cava, but still no œdema occurred. He then conceived the idea of favouring the production of dropsy by paralyzing the vaso-motor nerves, and, recalling the experiments and observations of M. Claude Bernard, he divided the sciatic nerve on one side in a dog, whose vena cava inferior had previously been tied. On this side a considerable degree of œdema immediately supervened, whilst the opposite hind limb remained in its ordinary condition. This remarkable experiment was performed three times, and on each occasion with the same results. From these experiments M. Ranvier believes that he is justified in concluding that mere ligature of the veins does not, in the dog at least, produce œdema; but that after obliteration of the veins, dropsy may be caused by section of the vaso-motor nerves. The same probably holds good in the case of man, and it is easy to comprehend how important are the practical results that may follow the application of this view.—Lancet, March 12, 1870.

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Puerperal Diseases.—At a meeting of the London Obstetrical Society, Dr. Braxton Hicks read a paper on Puerperal Diseases, based on reports of eighty-six cases occurring after simple labour in private practice. He showed that in more than three-fourths of these cases the patients had been exposed to some kind of animal poison (in thirty-six cases to that of scarlet fever); and endeavoured to impress upon his hearers the great importance of removing the sources of such poisons from the neighbourhood of parturient women.—Lancet, Feb. 19, 1870.

Mortality as dependent upon Defective House Construction.—A lecture on this important subject was recently delivered by Professor Gairdner before the Philosophical Society of Glasgow. In this he pointed out the causes and evils of overcrowding, and why this should be so much more injurious in towns than in country districts, inasmuch as in the former it was not merely the apartment but the area that was overcrowded. Dr. Gairdner insisted that eight points were essential to the proper construction of a house: 1. Adequate cubic space in the sleeping apartments; the only way of providing this being, in his opinion, to throw the responsibility for overcrowding upon the owners, and not, as now, upon the occupiers. 2. Proper means of separation and privacy for the sexes within the houses; and in regard to this, while prescribing one room tenements as wholly inadmissible in a well-regulated town, he yet advocated their permission in such exceptional cases as of a newly-married couple, an old couple whose children had left them, or in the case of widows. 3 Proper means of access; in speaking of which he adverted to the horribly filthy and injurious plan of closing-in common stairs at the top, and ventilating all the water-closets in the tenement into them. 4. Proper lighting as well as ventilation of both rooms and passages. 5. Adequate privy accommodation. 6 Adequate water supply. 7. Baths and wash-houses. 8, and last. Proper airing and recreation ground. —Edinburgh Med. Journ., March, 1870.

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Relapsing Fever in Edinburgh.—This fever has at last broken out in Edinburgh in two different localities, without, we believe, any contagious influence being traceable in either case. The history of this outbreak, carefully recorded, as we hope it shall be, must form one of the most interesting episodes in the modern history of fever, as well as a not unimportant contribution to the vexed question of change of type.—Edinburgh Med. Journ., March, 1870.

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Transfusion.—This operation has been successfully performed by Dr. Beatty, Colles, and McDonnell, of Dublin, in a case of uterine hemorrhage. About ten ounces of blood were injected, taken from the husband of the lady.

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Though at first we entertained the preconceived view that little could be gained by an American edition of any work upon physiology, we now hold to the very opposite opinion. It has features which strongly demand recognition, and we regard it as a work upon physiology, both human and comparative, of great merit, one which will be chosen by teachers in schools and students in natural science as admirably adapted to their wants. The student of medicine will be attracted by it, as it presents a concise and comprehensive summary of modern physiological science, and the practitioner of medicine will be pleased with it, since every topic within the whole range of the science of life is noticed, to greater or less extent, as its importance demands.—*Buffalo Med. and Surg. Journal*, Dec. 1868.

Though modestly claiming to be only the "Outlines of Physiology," a careful perusal of its contents will convince the student that the whole field has been thoroughly explored for treasures, new and old, and the entire domain of physiology, human and comparative, brought under closest scrutiny; so that no fact, experiment, or deduction of any importance, that has become known to the science of the present time, has been omitted. From what has been said, the reader will readily gather that the work of Mr. Marshall is regarded by us in a very favorable light. As already intimated, it quite fulfils, in our opinion, the author's design of making it truly *educational* in its character—which is, perhaps, the highest commendation that can be asked. The additions of the American editor are necessarily few, but always judicious; and we may congratulate him on having selected so excellent a text-book for the University classes.—*American Med. Journal*, Jan. 1869.

Another practical feature in the arrangement of the work is the demonstration of many physiological phenomena by practical illustrations in chemistry, thus embracing, as it were, the two sciences in the consideration of each subject. The improvements and additions by the American editor are but few, yet such as to contribute much to the utility of the book, rendering it, at present, probably the most complete and comprehensive work of the kind in the English language.—*St. Louis Med. Archives*, March, 1869.

We doubt if there is in the English language any compend of physiology more useful to the student than this work.—*St. Louis Med. and Surg. Journal*, Jan. 1869.

This made us hope that the physiology given us would be of the most practical and useful kind; and we found it to be so. It contains that kind of physiology which is most necessary to the practical physician and surgeon, although the book was originally planned for students of medicine and surgery. It will be seen that this is not a mere elementary text-book, but one better adapted to the advanced student, junior practitioner, and to all imperfectly educated physicians and surgeons. It is clearly and beautifully written, its perusal reminding one of the old pleasures which used to be afforded in reading Watson's Practice of Medicine. It lies constantly on our library table; we consult it frequently, and always with pleasure and profit.—*N. Y. Med. Gazette*, March 13, 1869.

Viewed in the light of a contribution to a particular department of Science, it has in its way no equal. Its plan of arrangement of subjects, as well as the thorough treatment of such subjects, is its real recommendation to such as desire to form a thorough, substantial groundwork knowledge of physiology. Designed for purely educational purposes, the science is treated as dependent on comparative anatomy, chemistry and physics, and successful pains are taken to interest as well as instruct. The importance of a more or less thorough knowledge of the allied sciences in enabling the student to appreciate the truths embodied in physiology, is now universally acknowledged by teachers, and it is with feelings of no small gratification that we welcome the work before us as the *beau-ideal* of one that ministers to such a necessity.—*New York Med. Record*, Feb. 1, 1869.

Though thus comprehensive, it is yet concise, the author having managed by careful condensation to keep it within the limits of a modern text-book, for which purpose it appears to us admirably adapted.—*Pacific Med. and Surg. Journal*, Jan. 1869.

The fact that Professor Smith edits the American reprint of this work, with valuable contributions of his own, from a belief that it will thus become the best text-book for his class in the University, is of itself high praise. The more closely we examine the work the more thorough is our conviction that Professor Smith has not estimated it too highly. The student feels this as he progresses in the work, and the feeling of warm attachment this experience gives him for the author enables him the more readily to assimilate its contents. It is a most attractive work upon physiology, and with the many advantages it possesses as "an educational work" we do not see what is to hinder it from becoming a text-book in our medical colleges generally.—*Nashville Journal of Medicine and Surgery*, Feb. 1869.

We shall proceed to point out, in as brief a manner as possible, the peculiarities of this really splendid work. On this special branch of medical science, as a text-book for the student or a work of reference for the practitioner, it is unequalled. In conclusion, we can only say, that it is well worth the attention of the profession; every medical man should have it as a work for reference, and every student of medicine will find it the most complete of any ever issued upon the subject.—*Dominion Med. Journal*, Dec. 1868.

HENRY C. LEA, Philadelphia.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Atresia Vaginæ, by T. SPENCER WELLS, F. R. C. S., Surgeon to Her Majesty's Household, delivered at the Samaritan Hospital, Jan. 12th, 1870.

Gentlemen: A young woman will be placed on the table directly; and as soon as she is under the influence of the vapour of bichloride of methylene, which Dr. Junker is administering, I propose to make an opening in the direction of the vagina, in front of the rectum and behind the bladder, where there is no opening now, into a tumour which can be felt by a finger passed into the rectum, and which I believe to be the uterus greatly distended by menstrual fluid which cannot pass away owing to the vaginal atresia.

I use the term *atresia*, rather than *occlusion* or *obliteration*, because it more accurately expresses the actual condition in this and similar cases. Occlusion or obliteration of a canal almost implies that the canal was once open, but has been afterwards closed. In many cases this has actually occurred. But in others, so far as we can ascertain, the canal never has been open. There has been a congenital defect, an absence of opening—ἀ and τρῆσις.

I only saw this young woman yesterday for the first time, at the request of my colleague, Dr. Day. He had at once detected what I believe we shall find to be the true state of the case; although three other medical men of considerable experience had considered the tumour felt by the rectum to be a fibroid tumour of the uterus, which, by its pressure downwards, had occluded the vagina. I am not surprised at this diagnosis, for the tumour felt by the rectum is extremely hard and nodular; yet I can detect an elastic yielding to pressure, which, taken with the fact of the absence of vaginal canal, and the excessive suffering

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at the menstrual periods, leaves scarcely a doubt in my mind as to the accuracy of Dr. Day's diagnosis.

Now that the patient is well under the influence of the anæsthetic, and held in the lithotomy position, I pass a sound along the urethra into the bladder, and find the bladder pushed considerably higher, and more forward than usual. With the index finger of my left hand in the rectum, I feel just beyond the sphincter a hard, round, irregular swelling depressing the anterior wall of the rectum, pushing it towards the sacrum, and extending forwards towards the pubes. The labia and nymphæ are well formed. There is no hymen, but about an inch beyond the labia, the vagina—which at the orifice appears to be well formed—ends in a mass of dense unyielding tissue, so dense that the tumour distinctly felt by the rectum cannot be felt through this septum. Keeping my finger in the rectum, pressing my thumb against this septum, and holding this long, narrow knife with its back towards the bladder, I very cautiously pass it through the closed end of the vagina into the swell ing against which my finger in the rectum is pressing. The knife passes a full inch before resistance ceases, and now you see a little viscid, dark-red, treacly substance oozing down the blade of the knife. I am quite safe, therefore, in enlarging the opening by a notch on either side as I withdraw the knife; and now, on introducing this conical silver canula, you see the thickened menstrual blood passing away. It is so viscid and ropy that I draw it in long cords, like glue, from the open end of the canula; and now that several ounces have come away—and pressure on the abdomen above the pubes helps it away more rapidly—I inject warm water, to which a little iodine has been added, until the whole of the dark fluid is washed away, and the iodine solution returns nearly pure. On withdrawing the canula, and passing my finger to make a little more dilatation, I feel what I believe to be the dilated uterine cavity; but there is no distinct cervix to be made out. The hard mass through which the finger passes is probably the upper portion of the vagina, contracted and blended in one indistinguishable mass with the cervix uteri.

I shall not insert any dilator, or tent, or drainage tube to-day, but the iodine injections will be repeated at intervals of six or eight hours; and, on any sign of the opening closing, either a liminaria tent or a silver canula will be made use of.

These are not very common cases, and it is curious that I had to do an operation almost precisely similar to this last week on a young woman now in the hospital and for the third or fourth time. She was sent to me by Sir Henry Thompson some two years ago, and I did what I have done to-day, evacuating some twenty ounces of fluid. For five months she remained quite well, and menstruated regularly; then the vagina closed again, and after three months I had to repeat the treatment. I followed it up by tents, but they caused a deal of pain. After four months' regular menstruation we had another closure. So this time I have kept the vagina open by a silver canula, made with flanges, which open and keep it in position. None of the operations on this patient have been followed by any febrile symptoms or much pain. We have kept her two or three days in bed as a matter of precaution, and have used the iodine injections; but she has always been able to return home almost immediately. Even now nothing like a normal uterus can be felt by the rectum, and on passing the finger along the opened vagina it enters an irregular, ill-defined cavity, which offers no distinct resemblance to the canal of the cervix or the uterine cavity. Probably the uterus had been so long distended before the vagina was first opened that it has never properly contracted, or there may be some congenital malformation of the uterus contemporary with the vaginal atresia.

In these two cases the closure of the vagina is higher up, more complete, and accompanied by a more abnormal condition of the uterus than in the class of cases most commonly met with in our out-patient rooms and in private practice. The commonest case of all is a mere adhesion of one labium to the other—the labia majora or minora, or both. Sometimes this is noticed in an infant soon after birth—often not until the child is two or three or eight or ten years old, and then a nurse or mother washing the child observes the defect. Nothing can be simpler than the treatment. By firm pressure with a thumb on either side the labia are squeezed outwards—torn apart—and a connecting filamentous medium is seen to separate, with little pain to the patient, and with scarcely a drop of blood. A great service is rendered to the girl, and the

mother is relieved of great anxiety. I once saw this condition after puberty leading to cessation of the menses, and on separating the adhering labia a well-formed crescentic hymen was seen, over which the menstrual fluid freely escaped. I fancy that many of the so called cases of *imperforate hymen* are such cases of *atresia vulvæ* as I have just noticed. In early infancy or childhood vaginitis or infantile leucorrhœa is easily set up by inattention to cleanliness. The mucous membrane is blistered, and the apposed raw surfaces unite, just as they occasionally unite after labour, and have to be separated before sexual intercourse can be resumed. But we do occasionally, though rarely, see true cases of an imperforate hymeneal membrane. The membrane completely closes the orifice of the vagina, and prevents the escape of the menstrual fluid, which, retained behind, dilates the vagina, the uterine cavity, and the Fallopian tubes, possibly leading to fatal rupture, peritonitis, or hæmatocele. Sometimes, on separating the labia, the distended hymen appears as a red, tense, fluctuating cyst. But, if I may judge from my own experience, as well as from the literature of the subject, a true imperforate hymen is much less common than either a vulvar or a vaginal atresia, though more common than a true congenital absence of vagina—a very rare malformation, in which the rectum and bladder are only separated by their own walls, an instance of which may now be seen in a woman in this hospital, in Dr. Routh's ward. In this case the urethra is so widely open that it may easily be mistaken for the vagina; and it reminds me of a lady whom I saw some years ago with Dr. Farre, who had been married several years, but whose vagina was almost closed by a dense hymeneal membrane; and it was quite certain that marital intercourse had always taken place by the dilated urethra. We afterwards found that in this lady the vagina and uterus were both perfectly formed. About the same time I saw a young married lady with Dr. Farre, to whose parents a written opinion of considerable authority had been given against her marriage on the ground of malformation. As she was engaged to be married, Dr. Farre was consulted. He differed from the opinion which had been given, and, knowing that I was interested in such cases, kindly asked me to see the patient with him. When she was under the influence of chloroform, I made a careful dissection (after a short incision along the raphe of the perineum) in front of the anus, working with a probe and a blunt silver knife, and separating the bladder and rectum from each other for some little distance until we came into a perfectly well-formed vagina and felt a normal uterus. I scarcely remember an instance in which such complete relief, to a very distressing family trouble, was so readily afforded. The patient married, and has had two children since. In another case, where marriage was stopped by an occluded vagina, I believed the cause of the occlusion to be a fatty tumour which had formed in the right recto-ischiatic space, and I removed this tumour. It weighed nearly a pound. But the removal did no good further than to admit of a more complete examination, which led to the discovery that there was congenital absence of the uterus. I obtained Dr. Farre's valuable opinion in this case, and we both certified that there was no uterus, and that marriage ought not to be permitted.

Dr. Farre kindly assisted me in the diagnosis of another case which had puzzled me excessively. Dr. Irvine, of Stanmore, brought a young woman to me with a large abdominal tumour; and on making a vaginal examination (as I thought) I could feel no uterus. I then found that my finger had passed quite easily along the urethra into the bladder, and that the vagina appeared to be absent. At least a finger in the rectum and another in the bladder appeared to be separated only by thin layers of membrane. Yet, menstruation was said to be quite regular and free from pain. At first I thought that the menstrual fluid must come away through the bladder; but on examination during menstruation we found a minute aperture behind the urethra, just in front of the anus, from whence the fluid exuded. Taking this as a guide, I made a very cautious dissection until I came into a well-formed vagina, and felt a normal cervix uteri, which could not be felt through the rectum, as it was concealed by a large fibroid tumour, which grew from the right side and posterior part of the fundus uteri. I mention these cases merely as illustrations of different forms of atresia of the vagina. In works on congenital malformations of the female genital organs, you may find other varieties described.

In conclusion, I will just say a word as to the treatment of the menstrual retention which is dependent on any of the forms of atresia of the vagina. I suppose no one can doubt that a passage for the retained fluid ought to be made, and, if possible, so kept open that subsequent retention cannot occur. We know that this cannot be done without some risk. In some cases acute pelvi-peritonitis, or pelvic cellulitis, or uterine phlebitis, with high fever, pain, and vomiting, have followed opening of the canal and evacuation of the fluid, and have ended in death. But there are numerous cases on record where death has occurred after a similar train of symptoms before any operation had been performed. The fluid secreted and retained distends the uterine cavity and the canals of the Fallopian tubes, and escapes into the peritoneal cavity, either by rupture of one of the tubes or through the open end of the canal, or in some more indirect way, it leads to a peri-uterine hæmatocele or a pelvic abscess; a Graafian vesicle maturates and bursts, it is not grasped by the fimbriæ of the tube, and blood is effused into the cellular tissue between the ovary and the uterus; or there is general congestion of the venous plexuses in the neighbourhood of the uterus, and one of the veins gives way. To some such danger as this any woman is daily and hourly exposed, in whom a mechanical obstruction interferes with the escape of the menstrual fluid, and I think we ought to remove the obstruction as soon as possible.

It has been supposed by some that puncture by the rectum might be safer than opening the closed vagina—that the entrance of air and consequent putrefactive changes in the fluid not completely evacuated would be prevented by the closure of the sphincter ani; and several successful cases have been recorded where this practice has been adopted. I have before now expressed my opposition to this view. I cannot see that the intestinal gases, which would enter from the rectum into the emptied cavity, can be less injurious than atmospheric air. Of the two I should prefer the air without the fecal gas. And then the patient is left with a closed vagina—she is simply relieved for a time from the consequences of menstrual retention; whereas if you open the closed vagina you afford the same immediate relief, and render an additional service which may be a permanent relief. By a little care the opened canal may be kept open; and, if it should close through want of care, it may be reopened. It cannot be done without some risk, but the risk of leaving the patient alone is vastly greater.—Med. Times and Gaz., Jan. 22, 1870.

Clinical Lecture on Injuries of the Head, by James Paget, F.R.S.—This subject was illustrated by two cases of injury of the head which have lately been under Mr. Paget's care.

In the first case, a boy, aged 11 years, met with an accident which caused a compound, slightly depressed, and starred fracture of his left parietal bone. He was stunned for some hours, then vomited, and the next day sat up in bed and answered questions. He had, then, no symptoms of compression, and for that reason he was not trephined. He went on well for twelve days, but, on the thirteenth, he was found to be flushed, and to have a rapid pulse, quick breathing, and a temperature of 103.2; two days later, he was found to have signs of double pneumonia, after which he gradually sank, and died two months after the accident. At the post-mortem examination both pleuræ were found filled with purulent fluid. The dura matter corresponding to the depressed portion of the bone was inflamed and adherent to the bone; there was no inflammation of the arachnoid, but, in the substance of the hemisphere immediately beneath the depressed fragment of bone, was a small abscess or slough of brain-substance, about as large as a sixpence in area.

In alluding to this case, Mr. Paget remarked that compound fractures of the skull in young persons are usually recovered from without interference when there are no signs of compression, but considered it possible that in this patient, trephining, although contrary to his usual practice in such cases, might have been beneficial. Mr. Paget thought, however, that it was very doubtful whether the elevation of the depressed fragment would have put the lad in any better position with regard to pyæmia than leaving it alone. In referring to the treatment of the secondary inflammation in cases like this, Mr. Paget said that he was not aware of any rule which could be laid down on

the subject; secondary trephining in the present case would clearly have been absurd.

On the question of trephining for injuries of the head, Mr. Paget said he did not consider that large enough statistics of successes and failures had yet been collected to admit of our forming rules which shall be constantly applicable. Mr. Paget gave the following provisional laws as, in his opinion, expressing the results of our present knowledge.

1. *Simple Fractures of the Skull.—a.* When there are no signs of compression, and no depression, leave the patient alone. *b.* Without depression, but with signs of compression (*i.e.*, abiding insensibility), we may interfere if we can diagnose the seat of fracture. *c.* When there is depression, but no sign of compression, it is best to do nothing if the patient be young; if old, however, there is some doubt about the propriety of non-interference. *d.* When there is depression and compression, we must operate.

2. *Compound Fractures.—a* When there is no depression, and no sign of compression, as a rule—especially in young patients—do nothing. *b.* When there is no depression, but there are signs of compression, it is right to interfere. *c.* With depression, but no signs of compression, it is best not to interfere when the patient is young; but probably it is right to operate on an old person. *d.* With depression and abiding insensibility, operate.

The second patient to whom Mr. Paget referred was a man who was admitted for compound fracture of the lower jaw and of the nasal bones, lacerations, and contusions. He was supposed, from appearance after the accident, to be drunk. The next day he was quite sensible, but restless; on the fourth or fifth day he became partly comatose; his breathing was very quick, and his face became much swollen and erysipelatous. Mr. Paget diagnosed some secondary erysipelatous inflammation in the cranium. The man continued to get worse, and died. At the post-mortem examination, a fracture was found extending through the nasal bones, superior and inferior maxillæ, ethmoid, sphenoid and basilar process of the occipital bone, into the foramen magnum. Purolymph in abundance lined the dura mater, and pus was found in the meshes of the pia mater, especially along the lines of the larger arteries. Mr. Paget called attention to the disproportion between the immediate symptoms in this case and the extent of the injury, and remarked that fractures of the base are frequently unattended by signs of compression. Mr. Paget also noticed, in this connection, that fractures of the anterior part of the skull are far less fatal than those of the posterior part.

Mr. Paget alluded, in connection with these two cases, to the nature of the secondary inflammation, and insisted on the importance of drawing a broad line in practice, between an inflammation which results directly from an injury and one which follows it at an interval of several days; the former being sthenic, the latter asthenic and allied to the erysipelatous inflammations.

This led to the subject of erysipelas. Mr. Paget referred to a case now under his care, which illustrated the tendency of erysipelas to shift about from one part or organ to another. The disease, Mr. Paget remarked, is well known to shift from one part of the surface to another, and from the surface to a deeper organ, but it very rarely shifts from a deep structure to one more superficial. Mr. Paget mentioned the following case as an illustration of this rare condition. The patient (a little girl) was admitted on account of a severe burn. She became affected with delirium, fever, and restlessness, and these symptoms led Mr. Paget to diagnose an inflammation of the brain membranes. When she had been in this state for three days, however, erysipelas appeared on the scalp, and, simultaneously, the delirium was relieved, showing, in Mr. Paget's opinion, a translation of the erysipelatous inflammation from her brain membranes to her scalp.

In connection with the recent occurrence of some cases of erysipelas in his wards, Mr. Paget made some remarks on the extreme importance of cleanliness in the treatment of this disease, especially with the view of preventing infection. Mr. Paget said that, although several cases of erysipelas had been in the neighbourhood of patients on whom operations had lately been performed, and had even originated in the wards, yet no single case of propagation of the disease had occurred; and, that he believed this result to be mainly due to scrupulous care in keeping

everything about the patients and in the wards very clean, dry, and well ventilated.—Brit. Med. Journ., Feb. 5, 1870.

HOSPITAL NOTES AND GLEANINGS.

Absorption of Pleuritic Effusion by Abstinence from Fluids.—Dr. GLAUERT has recently published in the Berliner Klinische Wochenschrift an interesting case observed in Professor Von Niemeyer's Clinic at Tubingen, in which rapid absorption of pleuritic effusion was obtained by depriving the patient of water and fluid nutriment. He observes that the ordinary treatment of pleuritic effusion, which remains stationary after the subsidence of febrile action, is not satisfactory, and that it is desirable to abstain from thoracentesis except in those cases where other means have failed. Diuretics or purgatives are of little use in the affection; but Niemeyer has repeatedly shown in his Clinic the great utility of energetic diaphoresis in the various forms of dropsy. That by its agency a larger quantity of water can be abstracted from the body than gains admission to it has been repeatedly shown by careful weighings; and in all probability hot baths, followed by woollen coverings, as recommended by Ziemssen in other forms of dropsy, would prove useful in pleuritic effusion. But there is another mode by which the necessary inspissation of the blood and consequent energetic absorption of fluid may be obtained, and that consists in limitation of the amount of liquid taken. Experience proves that, in persons exposed to absolute hunger and thirst, the excretion of water by the kidneys, as well as the insensible perspiration, although diminished, do not cease; and that a very considerable diminution of fluid may be borne without danger is shown by its irrational employment in the treatment of various diseases in the bread of Scroth cure.

The case now under consideration occurred in the person of a robust man, aged 42, who took cold November 5, 1869, and came to the Clinic on the 20th, the subject of pleuritic effusion on the right side reaching to the third intercostal space, the febrile action having subsided. Being very anxious to get well speedily, he readily consented to abstain from all fluid nourishment, and to live on bread and slightly salted sausage. On the first and second days, however, he complained sadly of this diet, and was, c account of the dryness of his mouth, able eat hardly any of the bread or sausage. I asked for a slice of apple now and the and licked the ironwork of the windo During the first twenty-four hours of t treatment the entire amount of urine w 550 cubic centimetres, containing 4.4 p cent. of urea. Next day this had diminish to 450 cubic centimetres, with 6 per cen of urea, and the patient found that the o pression of breathing had ceased, and th he could ascend stairs much easier. H a pint of wine and a cup of coffee were lowed. On the 23d the urine had dim nished to 420 cubic centimetres, with per cent. of urea, and the effusion had su to below the nipple. During the next th days (24th—26th) he took only half a p of wine daily, the urine averaging 417 cu centimetres, with 6 6 per cent of urea. the 27th there remained only a little d ness just above the liver, and the pati could run up stairs rapidly with ease. N day he was dismissed cured, having excellent appetite.

This is a remarkable example of the r pid removal of recent effusion, but in anot h case, in which the effusion had existed f months, and which was similarly treate the effect was only temporary. In thi case a daily diminution of weight by pound or two occurred, together with spare secretion of urine, and the effusio and all the symptoms diminished; but in few days afterwards the former weight wa recovered, and the effusion again increased —Med. Times and Gaz., March 26, 1870.

Strangulated Hernia.—Six cases of thi were under the care of Mr. MAUNDER i the London Hospital, at one time in Feb ruary last, five having been submitted t operation, and one had been reduced b taxis under chloroform. With regard t chloroform as an aid to taxis, Mr. Maunde has observed that just when the breathin becomes stertorous, reduction is effecte Such was the case in the instance of W. B aged 53, the subject of strangulated inguina hernia. The anæsthetic had been pre viously administered, but its influence ha not been fully exercised, and taxis ha failed.

The danger of administering opiun during strangulation was well illustrated i a female, E. M., 66 years of age, wit

d femoral rupture. Symptoms d some twenty hours, and the ›uld not retain food. At this a grain of morphia was injected usly. All pain in the abdomen r subsided, and the irritability of :h was so far allayed, that the ı able to take and to retain half a ›eef-tea, although strangulation ıd required operation. As a rule, ıld only be given in the very : of strangulation, and upon the ing that if reduction be not ef- n four hours of its administration, ' is to be performed. When ›n is relieved, opium is most n order to keep the bowel at t may have time to recover from of constriction.—Med. Times March 19th, 1870.

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etic Ophthalmia; Division of rves; Temporary Relief; Sub-tirpation.—T. B., a boiler-ma- 27 years, received an injury of , on January 20th, 1869. He ring a rivet, and a piece "flew d cut, his eye, and rebounded." hat no part of the piece of iron ı the eye.

een, on April 8th, 1869, the left ıtensely inflamed and painful. vas distorted and displaced down- a cataract was visible through ound was evidently at the low- er part of the corneo-sclerotic ıd the iris was drawn downwards atrix. The tension was very w the normal standard. The ı markedly tender at the upper ›n. There was a slight percep- ing objects held below the eye. the accident he had suffered from photophobia, and had conse- en unable to work; and there orbital pain around the right eye. ›hobia affected the right eye as perhaps more than, the left. th. Some relief had followed ion of an opiate ointment to the ıd temple, and the administra- ıic mixture; but there was still : irritation, and the tenderness r ciliary region remained. The :d one to which the operation ' Dr. E. Meyer, of division of the ciliary nerves, was well adapted; because the tenderness was distinctly limited to a particular part of the injured globe, and it seemed very possible that the nerves of this tender spot might be the offending filaments, the division of which might cut off the communication between the morbid and healthy eyes. On April 16th, therefore, the sclerotic, choroid, and ciliary nerves were divided immediately behind the insertion of the superior rectus, by the operation of Dr E. Meyer. The operation, which must have been exceedingly painful, was performed without giving chloroform; the patient, however, scarcely flinching, and making scarcely any signs of suffering.

The relief following this operation lasted till May 7th, or later; all pain and photophobia having ceased within a few days after the division of the nerves. The eyeball, however, remained injected, and soon became much more so; and on June 1st it was so painful and inflamed, and the sympathetic irritation had so completely returned, that the patient submitted to extirpation of the injured eye. On removal, no foreign body was found in the eye; but a fleshy mass growing from the sight of the wound, and extending into the vitreous space.

Since this last operation the recovery was uninterrupted, and on September 10th he presented himself with a well-fitted artificial eye, and declared that he could now do his work as well as ever. He had, however, been obliged to learn to use his hammer as a right-handed man, having been before left-handed. This had caused him some delay in returning to full employment, which he would have commenced at an earlier period, but for this circumstance.

Remarks.—The case gives a good prospect of successful results in some cases of sympathetic ophthalmitis after division of the ciliary nerves. In this case, the patient scarcely allowed his eye to have rest long enough after the operation; but, being anxious to return to his employment, brought on a fresh attack of inflammation and sympathetic irritation. How far this temporary relief may have been due to allowing a drain from the vitreous humour through the sclerotic wound, it is difficult to say; but the fact of the return of the inflammation is quite consistent with the view that the sclerotic may have closed up at this

time, and the beneficial drain from the interior of the eye have been so cut off.—Brit. Med. Journ., Oct. 16, 1869.

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Thrombosis of the Middle Cerebral Artery; White Softening of the Brain.—For many years the accidental plugging of an artery by a piece of fibrin detached from the valves of the heart has been recognized as a cause of white softening in that part of the brain which was supplied by that vessel. A similar result, too, is obtained when molecular particles are carried from a diseased aorta into the cerebral capillaries. Thrombosis of an artery, or the formation of a clot at the point of obstruction, is a much rarer cause; but of this kind two cases have recently been met with in the hospital. In each case the vessels at the base of the brain were very atheromatous, and at some parts their calibre was greatly impaired. At the spot where the internal carotid artery divides into the anterior and middle cerebral arteries, a firm clot of fibrin was found plugging up the middle cerebral completely. In each case the vessels were much roughened by atheromatous deposit at this point; and the altered surface would thus the more readily allow of fibrin being whipped from the blood as it flowed along. The left side of the heart and the large vessels were quite healthy: and there can be no doubt that the plug of fibrin was formed at the spot, and not carried from a distant point. But whatever may be the cause of the obstruction, the cutting off of the blood-supply results in atrophy, or white softening of the parts previously supplied.

Case 1.—Eliza D——, aged sixty, was admitted, under the care of Dr. Beale, into Twining ward, on Dec. 16th, 1869. She had always been temperate, and enjoyed excellent health. Towards the end of November, 1869, she suddenly lost the use of her right arm and leg; but in a fortnight she was quite well again. Three weeks before admission she had complete loss of power in the left leg and arm, and partially of the left side of the face; the pupils were natural, the eyes did not deviate, and there was no arcus senilis. At first she was conscious, and could give an account of her attack; but gradually she passed into a comatose state, and remained so several days before she died. The paralyzed side became very rigid, and was so the whole time she was in the ward. This rigidity came on soon after the attack. The urine v passed unconsciously, and contained wards the end a trace of albumen. De occurred a month after admission into t hospital.

A post-mortem examination was ma about thirty hours after death. On ope ing the skull, the dura mater was fou healthy; the large vessels at the base the brain were very atheromatous, a their calibre thus somewhat impaired. T middle cerebral artery on the right side w blocked completely by a plug of fibri which was firmly adherent to the wall the vessel; at this spot the vessel was ve atheromatous, and the fibrin seems to ha been deposited upon the roughened inn coat of the vessel. Beyond this obstructi the smaller branches were full of dark flu blood, as the collateral circulation was e tablished. The right hemisphere was in state of white softening, and broke do under a gentle stream of water; there w no hemorrhage anywhere. The left side the brain appeared healthy, and no tra could be found of any former lesion. T heart was healthy, and neither the valv nor the large vessels had undergone an morbid change. The blood was everw where fluid, and all the organs much co gested.

The cause of the congestion of the tissu seemed to be that, in consequence of t brain lesion, the due supply of nerve-fo to the smaller arteries was interfered wi thus stagnation in the capillaries result The blood was properly aerated in its pa sage through the lungs, and so ven blood was found in the arteries, and w the cause of the full pulse which was ticed during life. To the same cause m be ascribed the torpor of the bowels. motions were passed after her admissi although various purgatives and enem were administered. After death a con derable quantity of hard scybala was fou in the intestines.

Case 2.—Sarah E. K——, aged fi was admitted under Dr. Johnson, in Tw ing ward, on December 10th, 1869. S was a temperate woman, and had had serious illness at any time. On Dece ber 7th she fell down insensible, and was noticed that she had lost the use her right arm and leg; the face did n seem paralyzed, nor did the eyes devia the pupils were natural and acted equa

to light. While in the ward she was in a semi-comatose state, and not to be roused without difficulty. Her right side was quite rigid, but less so a short time before death. She passed her motions and urine involuntarily; there was no albumen. She died nine days after the attack.

At the post-mortem examination, which was made twenty-four hours after death, the vessels at the base of the brain were found very atheromatous, more especially the basilar and carotid arteries. On the left side of the brain white softening had taken place for a space of two inches in circumference, on the outer side of the corpus striatum and optic thalamus; the brain-substance was quite diffluent here, but in the rest of the organ was healthy. The left middle cerebral artery was completely plugged by a firm plug of fibrin, which had coagulated on the roughened surface of the artery, for the vessel was atheromatous at this spot. The heart and aorta were healthy, and it was clear that in this case, as in the preceding one, the obstruction was due to thrombosis, and not to embolism.—Lancet, March 19, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Intermittent Fever complicated with Rheumatism. By B. E. Dodson, M.D., Alden, Iowa.—Nothing is more common in marshy districts than to find intermittents complicated with rheumatism, and *vice versa*, and to their successful treatment a true diagnosis is very essential. During 1864 and 1865, in the fortifications about Washington, this complication was of every day occurrence, and those surgeons that relied on "quinia, Fowler's solution, mass. hydr. &c.," generally lost their patients, and wondered that quinia would not cure the ague.

Since 1850, I have treated all kinds of rheumatism with iodide of potassium and ipecac, paying no attention to whether the case is recent, or of long standing, inflammatory or chronic, of "the blood" or "of the nerves," &c., and I have never found a case correctly diagnosed that did not yield satisfactorily.

I give from one-half ʒ to ʒ doses every four hours, alternated with from 3 to 5 gre. ipecac (the patient kept warm and in bed) for a full grown man—smaller men, women, and children, according to size and physical development—continued from five to ten days always cures. I have given as high as ʒj of the potassium in twenty-four hours to large men, of full habit, in acute attacks. The only unpleasant result is a little difficulty in swallowing for a time, which soon subsides on stopping the medicine.

University of Pennsylvania, Medical Department.—Dr. D. Hayes Agnew has been appointed Professor of Clinical and Demonstrative Surgery, and H. Lenox Hodge, M. D., Demonstrator of Anatomy, in this school. Both appointments are regarded as excellent.

List of Medical Graduates in 1870 (continued from p. 56, April No)

College of Physicians and Surgeons (New York)	74
Albany (N. Y) Medical College	23
Medical Dept. University of Louisville	92
Indiana Medical College	20
Starling Medical College	24
Med. Dept. University of Nashville	58
St. Louis Medical College	43
Missouri Medical College	29
St. Louis College of Physicians and Surgeons	2
New Orleans School of Medicine,	27
Med. Dept. of Willamette University	7

Medical College of the State of South Carolina.—Several changes have been made in Faculty of this School. Prof. E. Geddings has resigned the chair of the Institutes and Practice of Medicine, and has been elected Emeritus Professor of that branch, and also Professor of Clinical Medicine—a chair recently created. We are glad that the institution will thus retain the services of our old and esteemed friend, Dr. Geddings, who is one of the most erudite, experienced, and skilful practitioners in our country. Other changes have been made in the school.

The Faculty, as at present constituted, is as follows:—

E. Holbrook, M. D., Emeritus Professor of Anatomy.

E. Geddings, M. D., Emeritus Professor of the Institutes and Practice of Medicine, and Professor of Clinical Medicine.

R. A. Kinloch, M. D., Professor of Surgery.

F. M. Robertson, M. D., Professor of Obstetrics and Diseases of Women and Children.

J. P. Chazal, M.D., Professor of General Pathology, Pathological Anatomy and Hygiene.

Middleton Michel, M. D., Professor of Physiology.

Geo. E. Trescot, M. D., Professor of Materia Medica and Therapeutics.

C. U. Shepard, Jr., M. D., Professor of Chemistry.

J. F. M. Geddings, M. D., Professor of the Institutes and Practice of Medicine.

F. L. Parker, M. D., Professor of Anatomy.

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Albany Medical College.—Dr. Thomas C. Durant, of New York, a graduate of the college, and an early student of Drs. March and Armsby, has given $15,000 to endow the "March Professorship."

Drs. E. R. Peaslee and Meredith Clymer, of New York, and Dr. Wm. P. Seymour, of Troy, have accepted chairs in the faculty of this college.

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Ophthalmological Society of Philadelphia.—A society has recently been organized in Philadelphia under the above title, and the following gentlemen were chosen officers for the ensuing year:—

President, Dr. Isaac Hays.

Vice-President, Dr. E. Hartshorne and Dr. T. G. Morton.

Treasurer, Dr. W. Hunt.

Secretary, Dr. W. F. Norris.

FOREIGN INTELLIGENCE.

Deaths from Chloroform. — A young woman went to Dr. Millar's Surgery at Accrington, on March 19, 1870, to have some teeth extracted. Chloroform was administered and after pulling out the third tooth, Dr. M., observed that the patient was dying, and life was soon extinct. She had had chloroform a week before, but it did not take effect.—Brit. Med. Journ. April 2, 1870.

A married lady, æt. 36, called at the office of Mr. Rice, in Great Barrington, Mass., Feb. 12, 1870, to have twelve teeth extracted, and wished to take chloroform, though both Mr. R., and her husband tried to dissuade her. Dr. W. H. Parks gave the chloroform by pouring a small quantity upon a napkin, and held a little distance from the face, so as not to interrupt a sufficient supply of atmospheric air. She passed under its influence quite easily, and did not take as much chloroform to produce insensibility as in many cases. She was made partially insensible by the extraction of the first four teeth; a little more chloroform was given, and so on, until all were extracted. Nothing unusual occurred until after the operation. While in the act of retching or vomiting, she seemed to strangle, and suddenly expired. Dr. Parks was supporting her head at the time, with his finger pressing upon the temporal artery, and the first intimation of danger was the sudden cessation of pulsation, and in a moment she ceased to breathe. She was immediately placed in a horizontal position, and artificial respiration kept up for three-quarters of an hour, after which time, seeing the hopelessness of the case, further efforts at resuscitation were abandoned.—Dental Cosmos, April, 1870.

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Cubebs in Diphtheria.—In a recent number of the Gazette des Hôpitaux M. Vaslin gives some account of the treatment of diphtheria by means of cubebs, introduced some time since by M. Trideau, and especially employed by M. Bergeron, of the St. Eugénie Hospital. This gentleman has already communicated several cases to the Société des Hôpitaux, telling in favour of this agent; and in the present paper M. Vaslin, his interne, gives the results as observed in the St. Eugénie during 1869. During this year 42 cases of diphtheria (cases of croup and diphtheria seem to be confounded together by the French Practitioners), 8 being examples of angina and 34 of croup. Of the 8 anginas, 7 recovered, the other dying of consecutive diphtheritic paralysis. The pharyngeal diphtheritis was primary in almost all these cases, the false membranes existing chiefly on the tonsils. The general symptoms were limited to mild febrile reaction, except in two cases, when temporary sub-delirium was present. The sole medicine employed was a saccharate of cubebs, twenty grammes being administered during the day in divided doses, no local treatment being resorted to. The false membranes were gradually dissolved, the duration of the disease not exceeding ten days.—Med. Times and Gaz., March 19th, 1870.

Tetanus—Administration of Chloral—Recovery.—M. Wurtz read to the Imperial Academy of Sciences recently a note from M Verneuil, in which he relates a case of tetanus cured by the administration of chloral. M. Nelaton very justly remarked that too much importance ought not to be attached to a single case of tetanus cured after the employment of a new medicine. A multitude of medicines have succeeded once or twice in apparently curing tetanus but invariably failed subsequently, proving that the cures were not the effect of the medicine.

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Ligature of Internal Iliac Artery.—The operation of tying the internal iliac artery has been successfully performed by Professor Gallozzi. It was rendered necessary owing to a diffused traumatic aneurism resulting from a stab of a poignard in the superior and interior margin of the right gluteal region—the patient, a young man, aged 22. Recovery was satisfactory, but was much retarded by the occurrence of an immense abscess occasioned by the unabsorbed débris of the aneurismal sac.—Med. Times and Gaz., April 9, 1870.

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Subperiosteal Excision of Elbow-Joint; Reproduction of the Bones Complete.—The correspondent of the Med. Times and Gaz. (see No for March 19, 1870), during a recent visit to the wards of M. Ollier, at the Hotel-Dieu, Lyons, found a most interesting and instructive set of cases, all kinds of bone diseases being amply represented. With regard to the subperiosteal excisions, for which this surgeon is so justly renowned, we were shown one of the elbow-joint in a man of 47 years of age, a very bad subject for such an operation, on account of his age and general unhealthy condition, and yet we were able to observe that the reproduction of the bones was very complete, and that active extension did exist to a slight extent, though the operation had only been performed about three months before. In another case of the same operation, practised on a young girl, the reproduction was astonishingly perfect, and had it not been for the cicatrix the most practised eye could hardly have detected, on seeing the elbows placed in extreme flexion, any difference between the contours of the two limbs. All the movements were also quite perfect, the only fault noticeable being that the arm could not be extended absolutely straight, as the new olecranon seemed to meet with some opposition; this, however, would doubtless be remedied by time and the continued use of the limb. We were fortunate enough to witness the disaection of a reproduced elbow-joint, the first that Mr. Ollier has had the opportunity of examining, because, as he significantly said to us, "all my other cases are alive." It was that of a young man who had died of phthisis fifteen months after the operation of excision. We can only say that we could have wished that all who are sceptical as to the real reproduction of bones in their original forms and positions after these subperiosteal operations might have been there to have seen for themselves.

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Modification of Operation for Disarticulation of Shoulder-joint.—M. Verneuil has introduced an excellent modification of Larrey's procede en raquette for the disarticulation at the shoulder-joint, by means of which hemorrhage is completely guarded against, and which permits, if necessary, to operate without any assistance—a great desideratum to the military surgeon.

The two cases in which I have seen M. Verneuil execute his operation were both for accidents, and where, on account of the anæmic condition of the patients, it was of the greatest importance to avoid any further loss of blood.

In Larrey's process the patient is made to sit up in bed—already a great inconvenience because of the danger of syncope in case chloroform has been administered—and an aid is required to compress the artery in the interior flap the moment the surgeon is about to finish its section. That this latter part of the operation is by no means an easy one must be acknowledged by all surgeons, especially military surgeons, who are sometimes necessitated to call in the aid of persons unacquainted with the duty assigned to them. But even with tolerably intelligent aids it may happen that the axillary artery is not properly grasped, and a serious hemorrhage is the consequence. I know of an instance which happened in the trenches before Sebastopol, where a French surgeon, about to perform this operation by candle-light, was left in the dark because the aid failed to grasp the artery as he was finishing the anterior flap, and the jet of blood put out the candle. It

is unnecessary, I suppose, to say what became of the patient in this case.

M. Verneuil's operation is as follows:—The patient placed upon his back near the edge of the bed, the point of the knife—very much like in Larrey's process—is introduced a little below and inside the acromion,[1] and carried in a vertical direction downwards a distance of 2½ inches, cutting through the deltoid to the bone. An anterior flap is now traced with the blade of the bistoury, beginning a little below the superior extremity of the first incision, and following in an oblique direction down and inwards until arrived at the inferior limit of the axilla on the arm. The posterior flap is traced in a similar manner upon the posterior aspect of the shoulder, or may also be made by continuing the incision for the anterior flap out and upwards to the first starting point. Thus far nothing more than the skin has been incised. The muscles in the anterior flap are then divided by successively cutting through the deltoid, the pectoralis major, beneath which lies the long tendon of the biceps, and the coracobrachialis. This brings to view the vasculonervous fasciculus of the axillary vessels and nerves. After dissecting the flap upwards, a needle of Deschamps is passed beneath the axillary artery and vein above the point of origin of the anterior circumflex and inferior scapular arteries. The completion of the anterior and the section of the posterior flap, together with the disarticulation, can now be effected with ease and without assistance. I need not tell you that a bringing together of the flaps is not even thought of. I have had occasion to observe in former letters that our Paris surgeons never attempt union by first intention. The wound is stuffed with lint dipped into alcohol.

The ligature of the vein is a good practice. The proximity to the brachio-cephalic trunk, and the possibility of an insufficiency of the valves in these vessels exposed to the danger of the introduction of air. M. Verneuil is also in the habit of resecting the nerves of the brachial plexus as high up in the axilla as possible. In his first operation, neglecting to take this precaution, peripheral neuromata developed themselves in the stump, forming little, hard, and very painful tumours which had to be removed some time later. I may mention en passant that, out of seven disarticulations at the shoulder, performed by M. Verneuil in the Lariboisiere Hospital for injury, all have been successful. With the same operation for pathological causes, the results have been altogether different. The modifications and advantages of this over Larrey's process consist in (1) the position of the patient; (2) hemorrhage impossible; (3) no aid required; (4) ligature of the vein; (5) resection of the nerves.—Med. Times and Gaz., April 9, 1870.

[1] In practising this incision inside to the acromion between it and the coracoid process, the joint is less covered by the acromial vault, and the capsular ligament more easily opened.

—

Treatment of Diseases of the Knee-Joint. By Thomas Bryant, Assist. Surg. Guy's Hospital.—In the treatment of all cases of diseases of the knee-joint, or, indeed, of any joint, there is one question which naturally arises in the surgeon's mind, and that is as to the competency of natural processes to effect a cure. Should this question be answered in the negative, either by the judgment of the surgeon or the progress of the case, another equally important question has to be decided which has direct reference to excision of the joint or amputation of the limb, for I must assume for the present that neither of these operations would be entertained until either the circumstances of the case had fairly demonstrated that nature was incompetent to conduct it to a successful issue, even though guided skilfully by art, or that some operation was demanded to save life.

All other measures than those named—excision and amputation, must be looked upon as subsidiary to the one great object of securing a natural cure; the use of splints, division of tendons, and incision into joints tending towards this desirable end, and being of value only so far as they conduce to that one great object.

In examples of chronic or subacute synovitis no operation is needed. Such cases, as a rule, do well under surgical treatment. Rest of the limb in a horizontal posture, counter-irritation by means of blisters, and the iodide of potassium internally are generally amply sufficient to effect a cure: while pressure by well-applied strapping, after all signs of inflammation have gone and the products of inflammation alone remain, is of great value.

In traumatic cases ice applied locally is

of inestimable use, and that, with complete immobility of the affected limb, is, in the majority of cases, all that is required. When the pain is severe, an opiate should be given; or, which is better, a subcutaneous injection of a quarter or half a grain of morphia should be used.

In acute suppurative synovitis of a joint following a wound, a free incision into the joint is probably the best practice. The remedy, it is true, is a severe one when applied to the knee, but it is applied to relieve a condition which is fraught with peril. It has been attended with good success, and may be practised.

Under other and more severe circumstances, immediate amputation may be called for, as in the following case:—

Case 43.—Severe Laceration of Thigh into Knee-Joint — Amputation six hours after the Accident—Pus in Joint—Highly Injected Synovial Membrane.

David B., aged 6, was admitted into Guy's under my care on July 5, 1862, with a severe laceration of his left thigh and knee-joint from the passage of a wheel of a loaded omnibus over the part. Nothing but amputation could be entertained, and, six hours after the accident, the operation was performed. A good recovery followed.

On examining the knee-joint directly afterwards, the synovial membrane was seen to be intensely injected all over, down to the margins of the articular cartilages. Pus was also found in the joint, about half an ounce. This was examined microscopically. The rapid injection of the synovial membrane and formation of pus is of great interest.

Mr. Maunder, within the last year or so, has reintroduced a practice which had been formerly employed with some effect—that of ligaturing the femoral artery in cases of suppurative synovitis, whether the result of a wound or of some other cause. The case for which he suggested the practice made a good recovery. The acuteness of the local symptoms soon subsided after the operation, and all pain ceased. Suppuration likewise rapidly disappeared, and recovery took place, although with a stiff joint. This result was eminently satisfactory, and it is hardly fair not to attribute it in a measure to the treatment which was employed. Such a practice, however, should be only thought of when acute suppuration is threatening, and consequently the integrity of the joint is endangered. It might be practised before the necessity of opening the joint has appeared, and under such circumstances it seems capable of preventing it; for the sudden cutting off of the supply of blood to an inflamed part may fairly be expected to check inflammatory action, and to starve the disease, in the same way as it has been proved to do in elephas.

In acute synovitis the result of an abscess or a sequestrum making its way from the bone into the joint, or from the discharge of an abscess the product of a suppurating synovial pulpy disease, other treatment will be required; for such a complication is clearly, under these circumstances, only a result of another disease, and is not the disease itself—it is an effect and not a cause. The original cause of the synovitis must be treated if success is to follow any practice. This part will, however, receive attention as we progress.

In the pulpy synovial disease of the knee-joint uncomplicated with suppuration, the limb must be immovably fixed on a splint from the very first; fomentations should likewise be employed and tonics given, Blisters in this affection are not apparently of much use; moxas and setons are painful applications, and have no definite value. I never use them.

When the pulpy membrane breaks down and suppuration appears, the abscess being outside the joint, it should always be opened; when it has discharged itself into the joint and suppuration of the joint follows, a free incision into the articulation is doubtless the best practice.

When this treatment has failed or seems inapplicable, the question of amputation or excision will have to be entertained—that is, when it is clear a recovery with a movable or even a stiff joint is beyond hope, and when the general powers of the patient are clearly yielding to the severity of the local disease.—Med. Times and Gazette, April 2, 1870.

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Holt's Operation for Stricture.—Mr. Holmes exhibited to the Pathological Society (London), a urethra, in which Holt's operation for stricture had been performed. He said there was a difference of opinion as to what it is that gives way—the mucous membrane or the submucous tissue. The patient, a man nearly 60, had long had stricture, and had been subjected to a great

variety of treatment. He had been operated on by Holt's method in 1861. When seen he had retention, and a catheter was passed, but had to be removed, as it gave rise to intense irritation. The stricture was ruptured. He had rigors the same night. No. 10 catheter was passed a day or two after, but rigors still continued. Two small swellings appeared at the site of the two strictures, but they contained no pus. Gradually he became worse, vomiting ensued, and pyæmia with secondary deposits followed. After death it was found that at both strictures the mucous membrane was lacerated, most so at the posterior one. Such lacerations imply the risk of infiltration.

Mr. NUNN was convinced that Holt's operation was too much used. He thought the effect of syphilis on stricture was too much overlooked. It tends to made them recalcitrant.

The PRESIDENT asked if the second operation afforded a fair test.

Mr. HOLMES said the former operation was so long antecedent that all its effects must have passed away. Once before he had done the operation a second time.

Mr. SIDNEY JONES thought the case hardly constituted a fair test.

Mr. HULKE said the question whether the mucous membrane suffers or not depends on the closeness of its connections with the subjacent tissue. That it was often ruptured was proved by the bleeding.

Mr. J. D. HILL had one patient who died of pyæmia.—Med. Times and Gaz., March 26th, 1870.

—

Cutaneous Absorption.—M. BREMOND, of Vincennes, in a lecture delivered at a late séance of the Academy of Medicine, states that he believes he has irrefragably proved the occurrence of absorption by the skin of a medicinal substance, even when this is not volatile, as in the case of iodide of potassium. In a first series of experiments he exposed the skin to the action of a vapour bath charged with the salt, gradually raised to a temperature of 113° F., for half an hour. Two hours afterwards iodide of potassium was observed in the urine, though it could only have entered by the skin. In a second series of experiments he found that no absorption ordinarily occurs unless the temperature of the vapour bath exceed the normal heat of the body by at least one or two degrees, and the exposure have lasted for at least half a minute. Whilst in a third series he states, as the result he has obtained, that even at 95° F. absorption may occur, provided the body have previously been exposed to the action of a vapour bath, and afterwards vigorously soaped and rubbed, by which means all the oily material is removed. These experiments explain the different results that have been obtained by various observers.—Lancet, April 2, 1870.

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Methylic Ether as a General Anæsthetic.—Dr. RICHARDSON made a communication at the last meeting of the Medical Society—Mr. Gay, the newly-elected President, in the chair—on methylic ether as a rapidly acting general anæsthetic. The methylic ether is a gas, but it is absorbed in very large quantities by absolute ethylic ether, and in the fluid the methylic ether is held with fair stability. The ether is inhaled from a simple mouth-piece, and anæsthesia, sufficiently deep for a small operation, is induced, in some cases, within the minute. Neither symptoms of asphyxia nor of faintness have yet been observed; and one peculiar part of the phenomena of the anæsthesia is, that the operation, as of tooth-extraction, may be conducted painlessly, while the patient is capable of carrying out what seem to be perfectly conscious acts. During the past week several painless extractions of teeth have been performed under the influence of the ether, recovery from its effects being almost immediate, and unattended by vomiting or other disagreeable symptoms.—Brit. Med. Journ., March 19th, 1870.

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Possible duration of Pregnancy.—In the course of an action for damages for the seduction of a young woman, the question of the possibly protracted duration of gestation was raised. The alleged father had had no access to the mother of the child later than 301 days before its birth, and he naturally disputed his liability. Dr. Tanner deposed that the ordinary period was 270 to 280 days, but might be exceeded by two, three, or even four weeks. He thought there was no inconsistency in the present case (from April 15th to February 9th—that is, 301 days). He had not known any case himself in which the ordinary period had been exceeded by a week, but he had no doubt

there were such cases. He had heard of such. Mr. James F. Clarke deposed that there were cases on record extending over more than 301 days. Sir James Simpson had recorded a case of 310 days. Dr. Barnes deposed that the ordinary period was 271 days. He had known cases of 280 and of 285 days. He thonght it very improbable, but did not like to say it was impossible, for gestation to extend over 301 days. It was so improbable that he did not believe it. Dr. Tyler Smith said that the longest period of excess he had known was a fortnight. Dr. Reid—a most accurate observer—had recorded forty-three cases of protraction, the longest of which was 300 days. Dr. Smith considered that case as reliable as any doubtful case could be. The verdict was for the plaintiff—damages, £200.—Brit. Med. Journ., March 5, 1870.

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Things not Generally Known.—The Pharmaceutical Journal publishes a remarkable instance of unforeseen danger arising from the facility with which oxide of silver is reduced by contact with vegetable extracts in common use. A medical man prescribed twenty-four pills, each containing two grains of the oxide of silver, a twenty-fourth of a grain of muriate of morphia, and a sufficiency of extract of gentian; the pills being coated with silver in the usual manner. The pills were delivered to the patient in an ordinary pill-box, but the lady, being in her nursery, and having no pocket in her dress, placed the box in her bosom, probably next the skin. In three-quarters of an hour a severe explosion occurred; her under-clothes were reduced to tinder, and her right breast was seriously burnt. The patient fortunately had presence of mind enough to seize the part with both hands, and thus extinguish the flame. We learn from Mr. Hills that a similar occurrence has been known in compounding the extract of colocynth with the oxide of silver, and that with creasote or oil of cloves this salt is reduced to the metallic state, with the production of heat amounting often to an explosion. In fact, many of the essential oils reduce the oxide of silver, and one of the processes for silvering glass is founded on the fact, oil of cloves being usually employed in the operation. We may mention that when glycerine and permanganate of potash come in contact, heat is evolved, sometimes resulting in flame. An instance has occurred in which a wound was covered with the glycerine of starch, and then sprinkled with powdered permanganate of potash, when the heat produced became unbearable.—Lancet, March 26th, 1870.

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Kryptophanic Acid—a New Acid Existing in Urine.—Dr. Thudichum has lately communicated to the French Academy of Science, and to the Chemical Society of London, an account of a nitrogenous constituent of urine, to which he has given the name Kryptophanic Acid. Next to urea, it forms the most abundant organic constituent of urine. Its salts are in general soluble in water and insoluble in alcohol, and advantage of the latter fact is taken in the process followed for the extraction of the acid. The formula of the free acid is $C^{10}H^{18}N^2O^{10}$. There are several sets of salts, some containing four equivalents of base, some containing three equivalents, and some with only two equivalents. The mercury salt is insoluble in water, and is thrown down along with the mercurial compound of urea in the ordinary process for the estimation of urea in urine. It will, therefore, be requisite to apply a slight correction to the results of urea-determinations in order to allow for the presence of kryptophanic acid. The process by which the new acid is obtained is, in outline, as follows. The urine, after having been treated with milk of lime, filtered and concentrated by evaporation, is slightly acidified with acetic acid, and precipitated with alcohol. The crude kryptophanate of lime is purified, and converted into lead-salt, which is decomposed with sulphuric acid.—Brit. Med. Journ., April 9, 1870.

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A New Test for Albumen.—Dr. C. Meymott Tidy, Joint-Lecturer on Chemistry at the London Hospital, has noted that a mixture of equal volumes of acetic and carbolic acids is a far more delicate test for the presence of albumen than any other method that has been proposed. In using this test with urine, it is necessary to shake the test-tube, as some opacity is produced by the mere admixture of fluid, which, however, disappears on agitation.—Brit. Med. Journ., April 9, 1870.

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The work should be in the hands of every practising physician.—*Boston Med. and Surg. Journ.*, Nov. 21, 1867.

Apart entirely from the merits of this work, which have been so highly appreciated by the profession that a large edition has been exhausted in an unprecedentedly short time, the book is one of the most readable in medical literature; such a one, in fact, as a wearied practitioner, anxious to gain information, but too tired to take to heavy work, would be delighted to pick up in a spare half hour.—*London Med. Times and Gazette*, Nov. 23, 1867.

It is nearly as exhaustive as any work on such a complex subject can be.—*London Medical Lancet*, March 16, 1867.

Such a work as this affords pleasure, because it is a transcript of what actually occurs, and not the result of work carried out in the study. We can refer to it as a source whence much valuable information can be obtained, and would recommend it to the profession as a hand-book, to which they can apply when wearied with the monotony of their own thoughts or fatigued with their daily labor.—*St. Louis Med. Reporter*, Oct. 1, 1867.

The style of the author is so racy, his expression so clear and vivid, and his knowledge and skill so manifest, that the reader becomes interested in spite of himself. In the absence of opportunities for listening to clinical instruction, the young practitioner especially will find this little book of inestimable value.—*Leavenworth Med. Herald*, Aug., 1867.

On such topics as the effects of various articles of food and kinds of diet, and of various social habits in producing the various forms of indigestions and the best means to remove them, and on the various forms and causes of abdominal pain, of vomiting, diarrhœa, and constipation, the reader will find most interesting and instructive details.—*British Med. Journal*, Nov. 2, 1867.

In our opinion it is the book of the medical season.—*Medical Mirror*, London, Aug. 1, 1867.

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A very useful and handy text-book designed to introduce students to the clinical aspects of these maladies, this volume may be recommended as supplying, in a convenient form, an account of the important group of renal diseases which is derived from large personal experience on the part of the author, and at the same time incorporates the results of the recent researches of many other observers. It will probably become a text-book in schools, and a handy-book for busy practitioners.—*The Practitioner*, April, '70.

HENRY C. LEA, Philadelphia.

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MEDICAL NEWS.

CLINICS.

e Administration of Anæsthetics.—
A. ERNEST SANSOM, M. D., Physician to Royal Hospital for Diseases of the st, &c. &c.

he public as well as the professional mind ns at the present time to be passing ugh one of those phases of terrorism ch, induced by the news of a death dur- the administration of chloroform, occur n time to time. It is vain to adduce the ument that, considering the vast number imes in which an anæsthetic is adminis- d with comfort and safety, the danger is, portionately, exceedingly small. If but in ten thousand die, it is right that one th awaken all our powers to avert the ger from those who come after.

is a right time that we should take a spective glance, and attain an estimate of the present position of anæsthetic agents and their administration.

In the first place, we are not, as formerly, confined to the use of one agent. To ether succeeded chloroform, to chloroform amylene, tetrachloride of carbon, bichloride of methylene, nitrous oxide, besides many other agents less widely known, and various mixtures and superadditions of one anæsthetic and another. Chloroform, the most widely employed, takes almost all the blame of the disasters. To my mind, we are too much disposed to look upon the production of a state of insensibility, for the performance of a surgical operation, as the administration of an agent rather than the induction of a state or condition. It is not the administration of chloroform, but the induction of anæsthesia, which is required. We have a power of selection now, which was not possessed in times past; a fatal case points less to the failure of an agent than to the imperfection of a system.

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The first rule for guidance is—

A. The choice of an anæsthetic agent should be regulated by the condition of the patient and the requirements of the case.

If it be desired to relieve pain, as in headache or the slighter forms of neuralgia, I know no better agent than tetrachloride of carbon, whatever be the condition of the patient. If an operation of short duration is to be performed, the administration of nitrous oxide is probably the most indicated. This has the properties of quick action, induction of deep insensibility with rapid recovery. The use of this agent requires, however, apparatus and time for arrangement; it cannot be a measure for the many and for the moment. Yet, largely used as it is by dentists, it takes away from the general dangers of anæsthesia, by withdrawing from the greater risks of the other anæsthetics, a large class which was proved to be in aforetime peculiarly prone to danger. Certain conditions should, however, in my opinion, preclude the administration of nitrous oxide; these are pulmonary congestion, cardiac affections, and cerebral affections. When an operation of uncertain or of long duration is to be performed, the chief agents are ether, bichloride of methylene, and chloroform. Our data as to the bichloride of methylene are, I think, as yet insufficient. As we have seen lately, one death has resulted from its use. In a case in which I administered it for a dental operation, signs of syncope occurred, and I was obliged to substitute chloroform. The great question is, Does bichloride of methylene sustain the heart's action during profound anæsthesia with greater power than chloroform? To this question a wide practical experience (which, from *à priori* evidence, the agent greatly deserves) only can reply.

The agents which remain to be considered are ether and chloroform. Concerning the comparative action of these, I think we are justified in concluding that, while the latter is by far the more practicable agent, ether can induce a profound anæsthesia with less depression of the heart's action than chloroform. If complete muscular relaxation be required, as for the reduction of dislocation, etc., it is better to use ether. For the great majority of cases the chief agent remains chloroform. The contra-indications to its use are the existence of prominent signs of fatty degeneration of the heart (valvular disease is no contra-indication), *delirium tremens*, and habitual intemperance. In t
first of these conditions it will be a questi
whether any anæsthetic at all shall be a
ministered. Argument may fairly ur
that the shock of an operation will be
danger to the feeble heart. On the oth
hand, there is the undoubted fact that chlor
form can induce cardiac debility. T
dictum that "a case for operation is a ca
for chloroform," can be at once set aside
a finality which would arrest all one's effo
to import greater safety into the practice
anæsthesia. Fortunately we have a meth
of relieving pain which can, as M. Cla
Bernard has shown, go hand in hand w
the operation of a volatile anæsthetic—
subcutaneous injection of morphia. Supp
ing, therefore, a patient having undoub
signs of cardiac degeneration be the nec
sary subject of an operation, I think no be
plan could be counselled than the subcu
neous injection of morphia, followed
necessary, by the inhalation of ether.
cases where the patient is the subject
habitual intemperance, the subcutaneous
jection of morphia also is indicated. W
this preparation chloroform may with care
administered instead of ether, which ha
longer stage of excitement. Having ma
choice of an anæsthetic, another rule prese
itself to us.

B. Especial care should be taken at t
early stages of the administration of an a
æsthetic, whatever that anæsthetic may b

There is no doubt that the emotional d
turbances which occur at such a time m
induce dangerous and even fatal effec
Sudden death at the moment of commenc
ment of an operation when no anæsthe
whatever has been employed, are far fr
uncommon. Such instances have occurr
in the practice of Stanley, Desault, Civia
Roux, Chopart, Cazenave, Gargangeot, a
others, and have been recorded by ma
observers. Giraldés goes so far as to s
that "the accidents which have been c
served do not much surpass in number t
cases of sudden death which have occurr
without apparent cause during or soon af
operations." From collateral eviden
however, we know that this, though a p
tial, is not a complete explanation of chlo
form dangers. It is a significant fact th
nearly half of the cases which have prov
fatal (50 in 190) succumbed before the f
effect of chloroform was induced. Th
leads to the consideration of a word, whi

ess I do not like, that has been adduced lain the catastrophes—idiosyncrasy. does it mean? A condition of system al to chloroform *quâ* chloroform? It t be so, for we see that emotional pe may occur without the anæsthetic nt. Just as some people faint at causes—the scratch of a finger, the of blood, or an emotional effort—so fatally faint at the commencement of ration. Moreover, some of those who suddenly died in the early stages of form administration have previously d with impunity. It follows that effort should be made that the emo- disturbances should be calmed, and he early stages of an administration l be conducted with care and cau- This eliminates one of the elements e so-called idiosyncrasy inimical to oform. It is a condition of sympa- susceptibility induced by any external y. It will not, however, explain those s which occur in the more profound s. We are led to a third rule—

In the administration of chloroform egard should be paid to its well-estab- l physiological properties. This may t seem a truism. Yet I think that r all who have made this subject a l study will agree with me that the action of chloroform is ignored in the ion method of administration. No m from experiment or from observation e records doubt for a moment that oform does possess a toxic action; and s with all other agents its danger is dent upon its dose. The most com- t authorities agree that too strong at- heres of chloroform are dangerous. ie purpose of inducing and maintaining hesia a portion of no more than four ent. of chloroform vapour in atmos- : air is necessary; above six per cent. gerous. Strong atmospheres of chloro- dministered to the human subject are rous in two ways—First, by their ncy, acting on the branches of the *par* s distributed to the lung, and thus by action upon the heart, to cause shock diac syncope.[1] This may occur at rly stages of anæsthesia or any period prior to complete loss of consciousness. Secondly, by direct paralysis of the cardiac and vaso-motor nerves. This can occur only in profound anæsthesia, though it also may be rapidly induced. When pure chloroform is sprinkled upon a piece of lint or a napkin, what percentage of the vapour is it possible for a patient to inspire? I have been at some pains to investigate this, and it may cause some surprise to those who have not practically inquired into the point to be assured that it is possible for a patient at a temperature of from 60° to 64° Fahr., when a drachm of chloroform is sprinkled upon lint, to inspire an atmosphere containing more than thirteen per cent. of the vapour.[2]

Of course a happy chance so regulates the matter that a patient does not usually inhale this proportion, and a skilled administrator will take care that he does not; but the possibility of the danger remains. How often in the details of the fatal cases it is recorded in some such fashion as this, "More chloroform was poured upon the lint, the patient inhaled and fell back, etc. etc." Why? because he suddenly inhaled a deadly dose.

Granted that a due dilution of chloroform is a necessary thing, how shall we obtain it? There is a widely spread objection against inhalers; they are not at hand at the moment they are wanted. I think they can be dispensed with if the chloroform employed be diluted with an equal bulk of absolute alcohol. By such a measure as this I have ascertained that, partly by the admixture of the chloroform vapour with the vapour of alcohol, but chiefly by the retarding power which the latter exerts upon the volatilization of the chloroform, the percentage in the resultant atmosphere is reduced just one half. The above considerations eliminate another element of so-called idiosyncrasy. The effect of a sudden inspiration of a strong chloroform atmosphere is just as much toxic as the swallowing of an overdose of prussic acid. But it may now be urged that in some cases wherein you have exercised all care, and while you are administering only a proper dose of chloroform vapour, from some cause (perhaps connected with the opera-

this point see an exhaustive review of the subject of anæsthesia in the *American al of the Medical Sciences* for January, nd Brown-Sequard's Lectures on the Phy- and Pathology of the Nervous System, p.

[2] See tables appended to my paper read at the British Medical Association at Oxford, and reprinted from *British Journal of Dental Science* for September, 1868, and "On the Pain of Parturition and Anæsthetics in Obstetric Practice" in *Transactions* of Obstetrical Society of London, vol. x. p. 161.

tion) the heart may show signs of failing. We are led to what I think may be established as a rule.

D. In the course of the induction or during the maintenance of anæsthesia one agent may be advantageously substituted for another. Practically, in animals, as well as in man, I have found that if in the course of chloroform administration there has been the least sign of circulatory debility ether substituted for the chloroform renews the power whilst maintaining the anæsthesia.[1] This is confirmed by my friend Mr. Geo. Cowell, in a letter to these columns. In observations upon animals I have found that the substitution of any one anæsthetic for any other stimulates the heart.

Practical Rules.—Selection of cases having been made according to the principles before mentioned, I would suggest the following as rules for guidance:—

1. The administrator intrusted with the induction of anæsthesia should be provided with the following armamentarium: A case of three stoppered bottles, one containing the mixture of chloroform and absolute alcohol, another pure chloroform, a third absolute ether. A soft handkerchief or porous material through the fibres of which, when covering the face, respiration can readily take place. A hypodermic syringe with suitable morphia solution.

2. The patient should have abstained from food as far as possible on the day of inhalation. Nothing whatever should have been taken for hours.

3. The patient being, if possible, in the recumbent position, the administrator should place the handkerchief over the nose and mouth, so as loosely to cover them with a single fold, and note that respiration is unimpeded. The mixture of chloroform and alcohol should then be dropped on the fold, a few minims at first, and, after two or three inspirations, twenty or thirty, which should be renewed as often as evaporation renders necessary. This should be continued until the desired stage of anæsthesia is arrived at.

4. Ether may now be substituted if it is thought desirable, the fold of lint being moistened therewith.

5. In some rare cases it may be necessary (but only after tolerance has been induced by the administration of the dilution) to some of the pure chloroform.

6. In case of any alarming symptom ficial respiration should immediatel practised.—Med. Times and Gaz., 23, 1870.

[1] See Observations by Dr. Greenhalgh, *Obst. Trans.*, vol. viii. p. 53.

CLINICAL LECTURE.

Clinical Lecture on the treatme Stricture, Concussion of the Hip, Sprains, and Recurrent Hemorrhage. JAMES PAGET, Esq., F.R.S.—Mr. Page lectured on two cases of retention of urine with slight stricture, in which the patients had been treated in the first instance by warm bath, laudanum, and rest, without catheterism, the last measure having been reserved until many days after the retention was relieved, and employed for the treatment of the purely organic stricture only. In one of the cases catheterism was attempted on admission, for a short time only, but unsuccessfully; this man had had incontinence of urine for six weeks before he got retention, and yet, after three weeks' treatment, by rest, alkalies, and plain diet, Mr. Paget was able to pass No. 9 without any difficulty into his bladder.

In the other case, retention was complicated by a perineal abscess, which was opened. The man was treated without any attempt at catheterism until the third week, when a single unsuccessful attempt was made; but a few days later Mr. Paget was able to pass No. 6 at once into the bladder. Mr. Paget dilated on the advantages of rest, the warm bath, and opium in relieving retention, and on the continuance of rest with alkaline medicines and unstimulating diet for the subsequent complete removal of spasm, and of that of swelling of the urethral mucous membrane which may not only produce retention, but, as in the first patient mentioned, may cause symptoms closely simulating those of the worst forms of organic stricture. The chronic congestion of the urethral mucous membrane, which probably existed in that patient and caused incontinence, was compared by the lecturer with chronic conjunctivitis and chronic swelling of nasal mucous membrane.

Mr. Paget considered that the perineal abscess, which formed in the second patient, was probably the result of inflamma-

contiguous to the urethra,
extravasation of urine.
ineal abscesses formed in
retention were produced
not, as commonly taught,
the urethra and localized

ent on to remark on the
es of the urethra, sympa-
found in no other mucous
quite peculiar to that over
passed from the bladder.
ie peculiar manifestations
distant parts was the *syn-*
ionally follows the passage
nd next was *epileptiform*
he same cause. Mr. Pa-
t these two results never
the patient were standing
ame phenomena after ex-
ting were noticed only
was in the erect position.
following the passage of
the bladder was men-
ılt was commonest in pa-
never been catheterized
ie the two other pheno-
ome on until water was
rst time after the use of
igor after catheterism was
mmonest in persons who
ho had lived in tropical
ie phenomena of the shi-
escribed as corresponding
e course of an attack of
might often be prevented
ation of brandy and water
lic stimulant immediately
on; and Mr. Paget spoke
Sir B. Brodie's practice

the occasionally very dan-
of these shivering fits, Mr.
that he had known death
sounding for stone in no
es. As a rule, however, a
soon after lithotrity, litho-
sage of a catheter, was not
. This brought the lec-
h peculiar sequence of ca-
ithotrity, viz., the occa-
e of pyæmia, after a rigor,
simple irritation of the
out any injury to its struc-
of urine. Mr. Paget then
her of these curious rela-
e urethra and distant parts,

urethral rheumatism (including the so-called gonorrhœal rheumatism), an affection which, if it could not be described as pyæmic, yet certainly presented many points of close resemblance to pyæmia.

Mr. Paget was of opinion that any inflammation of the urethra, whether contagious or not, might be followed by the swelling and effusion into the joints which characterizes urethral rheumatism. Lastly, Mr. Paget mentioned the connection which he believed to exist between certain cases of *sclerotitis* inflammation of the urethra and effusion into joints, inclining to the belief that patients in whom these conditions coexisted were often to be described as *gouty* rather than rheumatic.

Contusion of the Hip.—The first case was that of a man who fell, about a month ago, on his great trochanter, receiving no other injury than a severe bruise. Mr. Paget insisted on the importance of treating such cases by prolonged rest in bed as the best means known for averting the acute atrophy of the head and neck of the femur, which too often follows an injury apparently so trivial. After mentioning the ordinary signs of fracture of the neck of the femur, Mr. Paget stated that some of these, viz, pain on pressure about the hip, and inability to raise the heel from the horizontal position, are also generally present in cases of severe bruise of the hip. In the case of contusion, however, it was stated that this inability to raise the limb generally disappeared in a few days. On the important point of deformity, Mr. Paget said that it was of great consequence both for the patient's sake and the surgeon's reputation, to distinguish between the shortening of fracture, which comes on either immediately or at most, as in some cases of impaction, a few days after the accident, and that which occurs weeks or months after a contusion of the hip; the latter depending on atrophy of the head and neck of the femur, and the assumption of a too horizontal direction by the latter part. Mr. Paget remarked, that in young patients simple atrophy of bone was the only change observed, but that, in old persons, wasting of articular cartilage and the formation of nodules of bone about the margins of the joint generally occurred in addition.

Rupture of the External Lateral Ligament of the Knee-Joint.—In connection with this case Mr. Paget made some re-

marks on sprains in general, on their importance, and the necessity of treating them seriously, and often with all the attention which would be bestowed on a fracture, both to prevent the deformity arising from rupture of ligaments, and to ward off severe inflammation. Mr. Paget remarked that in every sprain there are two injuries to be considered—the stretching of the ligaments on one side of the joint, and the necessary crushing of the cartilage and bone to a corresponding extent in the other; and that, in his opinion, the latter injury, although commonly left out of consideration, is often really of major importance. In illustration of this opinion, Mr. Paget drew a comparison between the results of dislocation of the shoulder and ankle, in which there is extensive rupture of ligamentous structures, and sprains, in which there is, in addition, the crushing bone and cartilage; and stated that suppurative inflammation of these joints is much more frequent after sprains than after dislocations, the difference, in his opinion, being due to the bruising or crushing before referred to.

Recurrent Hemorrhage.—Mr. Paget applied this term to the bleeding which sometimes comes on within the first day or two of an operation, as distinguished from true secondary hemorrhage, coming on after about the fifth day. The patient upon whose case Mr. Paget lectured was a man for whom he performed Pirogoff's amputation last June, on account of disease of the ankle-joint, accompanied by extreme pain. The pain returned in the stump soon after the operation, and this induced Mr. Paget to remove the remains of the os calcis in the following October; still the man suffered in a most unusual degree from persistent pain in the part, which was unrelieved by all sorts of local and general anodynes; and on the 9th inst. Mr. Paget, therefore, amputated the leg at the lower third. An unusually large number of vessels required ligature, but bleeding had quite ceased when the patient was removed to the ward. Mr. Paget illustrated the general treatment to be pursued in cases of recurrent hemorrhage by the plan adopted in this instance. Anticipating the probability of bleeding, Mr. Paget had the limb slung, and the stump covered with a piece of lint and exposed to the air. About an hour after the operation, blood began to drip from the stump, because, the lecturer said, the muscular coats of the small arteries, which had contracted at the time of the operation, had become "tired" before time had elapsed for the formation of a clot or the adhesion of the flaps. Mr. Paget said that the first indications of treatment were to expose the stump thoroughly to the air and raise the limb, and these were carried out; still bleeding continued, and the next method, artificial cold by applying ice, was tried; this failed to arrest the hemorrhage for more than a very short time; and the third resource, compression of the main artery by a tourniquet was employed, in order, as Mr. Paget observed, that, pressure being removed from the weakened vessels, they might again contract. The tourniquet was removed at the end of an hour on account of the pain caused by it; but, as renewed bleeding set in, the instrument was again applied, and the fourth plan of treatment, mentioned by the lecturer, was employed; viz., opening the flaps and tying the bleeding vessels. The flaps were then sponged with a disinfectant lotion; and thus, Mr. Paget said, another important indication was fulfilled—that of preventing putrefaction of any blood-clot that may remain or form subsequently in the stump, and thus warding off the occurrence of blood-poisoning. In mentioning pressure on the main artery, Mr. Paget reminded his hearers of the necessity, before proceeding to such an extreme measure as ligature of the main vessel, of ascertaining whether pressure on it does really stop the bleeding.

Mr. Paget remarked that recurrent hemorrhage is essentially the hemorrhage of reaction, coming on, as it does, not only when the small vessels are "tired," but at the time when the patient is recovering from the shock of the operation and his heart regaining power; coming on, therefore, quickly in robust patients, and tardily in those who are feeble and recover slowly from shock. In connection with the last point, Mr. Paget deprecated the plan of overstimulating patients after operation with the intention of quickly bringing on the stage of reaction, such a practice being very likely to be followed by recurrent bleeding. In noticing the conditions under which copious bleeding is to be expected at amputations, Mr. Paget mentioned the presence of morbid, especially cancerous, growths, the existence of acute inflammation in the part, and, lastly, the previous history of severe

in the diseased limb or stump; and con-
red that the liability to abundant hemor-
ge might be considered to vary directly,
ach cases, with the severity of the pain.
ritish Med. Journ., Feb. 19, 1870.

HOSPITAL NOTES AND GLEANINGS.

ecovery from Pyæmia.—There is a
n, aged 41, now in London Hospital,
er care of Mr. Maunder, who has reco-
ed after symptoms most probably due to
æmia. He was admitted September 11th
a laceration of the forehead, on the right
e, laying bare the bone. Erysipelas of
head and face followed; afterwards the
ole of the right upper extremity became
ch swollen, but no abscess formed.
e left thigh also swelled much about the
ne time, and a large abscess formed and
s opened. Just before this swelling came
had two or three well-marked rigors,
l he sweated a good deal after each one.
e abscess began to discharge freely, the
elling of the right arm diminished, and
further serious symptoms arose.—Brit.
ed. Journ., Jan. 15, 1870.

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*Pyæmia from Lacerated Wound of But-
k.*—A few days ago we were present at
ost-mortem examination of the body of
an aged 24, who was admitted into the
ndon Hospital, on Nov. 19th, under the
e of Mr. Maunder, for a lacerated
nd of the buttock, produced by a fall
a hook. There was no injury to the
e. In about twelve hours he had a se-
e rigor, and his temperature rose to
·4. The rigors were repeated on suc-
ling days, and he perspired freely. He
ame very weak, and a low form of deli-
n set in. He complained of severe pain
he left shoulder-joint, but no swelling
d be seen. He died on the twentieth
after the accident. The lungs were
nd to be studded with very dark patches,
ting just like pulmonary apoplexies
ey were of all sizes; some of them
wed signs of breaking down in the cen-
many of them were situated just be-
th the pleura. The disease, as Dr. Sut-
remarked, was in too early a stage for
esses to be found in the viscera. The
en presented similar changes to those
ne lungs. The liver and kidneys were
fected.

me of the most interesting pathologi-
cal changes, however, were found in the left shoulder-joint. On making an incision to examine the joint, out came a fair quantity of a grumous mixture of blood and pus, which was infiltrated amongst the tissues around the joint. The cartilage was exceedingly thin on that part of the head of the bone in contact with the glenoid cavity. There were no patches of removal of cartilage, with vascular synovial fringes filling up the pits, such as are very generally seen in strumous arthritis.

Dr. Sutton also mentioned a well-marked case of softening on the right lobe of the cerebellum recently at the post mortem table. The case is reserved for detailed publication.—Ibid.

Perforation of Intestine; the Result of Supposed Laceration.—At a recent visit to London Hospital, we saw the examination of a man, who had been admitted under the care of Mr. Maunder, for suspected strangulation of a hernial tumour. The man had long been ruptured on both sides, and had worn a truss quite comfortably till the other day, when he had a severe fall, and the truss was driven against his belly. Pains in the abdomen and vomiting came on, and he was brought to the hospital. Mr. Maunder used the taxis under chloroform, and satisfied himself there was no strangulation of either hernial tumour to be detected. The vomiting and pain in the belly continued, and the man died about sixty hours after the accident.

On inspection, no wound, or bruise even, of the abdominal wall could be seen. When the abdomen was opened, evidence of suppurative peritonitis were found. Lying over the upper part of the ileum, there was some fluid fecal matter, and a little was also seen on the peritoneum as soon as the abdomen was opened. The lower coils of intestine were glued together, and the visceral peritoneum was very vascular. No opening could be seen in any part of the intestines while they were *in situ*; but, on slitting them up after their removal, an opening, about the size of a sixpence, was discovered in the upper part of the ileum. The edges were rounded and everted; there was a little evidence of swelling and some firmness to the touch, but nothing like fibroid or chronic induration. The mucous membrane immediately around the ulcer was slightly abraded, and there was also a

minute superficial ulceration on one side of it, to the extent of an eighth of an inch; but it was so superficial that it was only by very careful examination that the valvulæ conniventes could be seen to be interrupted at this spot. The peritoneal surface, around the external opening of the ulcer, was injected, and there was a quantity of dirty-yellow, fecal-stained lymph adherent to the peritoneum for some distance above and below it. The ulcer was on the free border of the intestine.

In connection with this case Dr. Sutton remarked that experience has shown that internal organs may be lacerated by a blow on the surface of the body, without the skin or integuments being wounded, there being little or no external signs of injury. For instance, a blow on the chest has been known to rupture the posterior wall of the aorta. He well recollected a case he had seen at Guy's Hospital, in which, after death, a rupture of the small intestine was found; and the only history obtained was that vomiting, etc., had come on immediately after violent efforts to lift a barrel full of beer. There was no external sign of injury.—Ibid.

DOMESTIC INTELLIGENCE.

American Medical Association.—This Association held its 21st annual meeting on the 3d of May, in Washington, D. C., and continued in session for four days. The proceedings of each meeting have hitherto been regularly chronicled in this journal, and could we feel it to be advisable, we would be happy now to continue the practice; but we are mortified to have to confess our conviction that the interests of the profession will be best subserved if the veil of oblivion be thrown over the greater part of the proceedings of the last meeting The prominent political and social fanaticisms of the day, and private grievances and animosities were allowed to be obtruded upon the attention of the Association, giving rise to exciting and irritating discussions, thus occupying valuable time with matters entirely foreign to the great objects of the Association. These objects as announced at its organization were: 1st, "The maintenance of the honour and respectability of the profession;" 2d, "The advancement of their knowledge and the extension of their usefulness;" 3d, "The securing a uniform and more elevated standard of acquirements for the degree of M. D.;" and 4th, "The adoption of a code of medical ethics for the government of the profession." It would be difficult to show that any of these first three objects were promoted at the last meeting, or that the spirit of the 4th was respected in the discussions which took place.

The atmosphere of Washington seems more congenial for politicians than for men of science, and so the Association appears to have discovered, for it rescinded the resolution requiring its meetings, to be held every alternate year in that city.

If the delegates at the last meeting truly represented the profession, it is evident that there exist discordant elements, which it will be difficult if not impossible to harmonize at present, and which preclude the hope of the dignity and interest of the profession being maintained under existing circumstances at future meetings.

Dr. Alfred Stillé, one of the founders of the Association and its first Secretary, was elected President for the ensuing year, and the meeting adjourned to assemble at San Francisco, California, in May, 1871.

Having been one of the founders of the Association, and one of its early earnest supporters, we may be excused for expressing the hope that dispassionate reflection during the coming year, and an entirely new scene of meeting, may lead those who shall then assemble to rigidly restrict themselves to the promotion of the legitimate objects of the Association, firmly refuse to allow illegitimate subjects to be introduced, and thus restore the cordial and fraternal harmony which strikingly characterized the early meetings of our national medical congress.

The business of the different sections seems to have been conducted with the usual harmony, and we learn that some interesting papers were read before them.

In the Section on Surgery and Anatomy, Prof. S. D. Gross, Chairman, papers were read on median lithotomy by Dr. J. L. Little, of New York; on a case of imperforate anus, by Dr. Healy, of Indiana; on a form of neuralgia of the jaw bones not yet described, by Prof. Gross; case of large fibro-sarcomatous tumour of the upper jaw, operated on by Prof. Kinloch, of Charleston, S.C.; on reflex paralysis pro-

ed by congenital phymosis, by Dr. re, of New York; on the application arbolic acid as a remedy for purulent unctivitis, by Dr. Rogers; a formula he preservation of a liquid for the pre- ation of wet anatomical preparations, or injecting subjects, by Dr. Titcomb, ltimore; case of congenital closure of ma glottidis, by Dr. Elsberg, of New ; on the reduction of dislocation of houlder-joint by a new method, by Logan, of New Orleans; on extrac- y direct incision of a fibro. cartilagi- tumour of the knee-joint, by Dr. A. wart, of Minnesota; on a plastic ope- on the face, by Dr. G. Buck, of New ; on a modification of Pirogoff's ope- , by Dr. Quinby; on the comparative of lithotrity and lithotomy, by Dr. , of Buffalo; on the treatment of ant tumours by electrolysis, by Dr. , of New York; on idiopathic late- vature of the spine, by Dr. B. Lee; use of glasses in hypermetropia, by omroy; verbal communications were by Dr. Ohr, of Indiana; Dr. Atlee, ncaster, Pa.; Dr. Otis, &c.

ne Section on Physiology and Micro- Dr. F. H. Gatchell, chairman, a was read on the cellular structure of d-blood corpuscle, by Dr. Jos. G. rdson, of Philadelphia.

ne Section on Practice of Medicine and trics, Dr. Jos. Kammerer, chairman, r was read on the use of the sulphite a, and on the internal use of glyce- y D. Griscom, of New York.

he Section on Meteorology and Epi- s reports were read on the diseases nsylvania, by Dr. D. F. Condie, of lelphia; and on those of Illinois by ammond.

he Section on Psychology, Dr. W. of Utica, chairman, a paper was read stitutions for the insane, by C. A. f New York.

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tional Medical Convention for revis- e Pharmacopœia.—The sixth decen- neeting of this Convention was held shington on the 4th of May. Prof. h Carson was elected President.

orts were received from various so- , and those not prepared to report granted permission to hand in their to the Committee on Revision.

ommittee was appointed to report a plan for the revision of the Pharmacopœia, which submitted a report providing for the appointment of a Committee on Revision and Publication; also, recommending that the measures of capacity be abandoned in the Pharmacopœia, and that the quantities in all formulas be expressed both in weights and in equal parts by weight. The report was adopted, after being amended that the committee should meet in Philadelphia. The committee was also authorized to investigate any new medicine that may be brought forward in the future, and devise formulas for the appropriate preparations of it.

The delegates from the various institutions then selected a nominating committee which in turn reported the following committee to revise the Pharmacopœia: Dr. G. B. Wood, Alfred B. Taylor, Jno. M. Maisch, Dr. Robert Bridges, Philadelphia; Dr. Edward R. Squibb, New York City; Albert E. Ebert, Chicago, Ill.; J. Tarris Moore, Baltimore, Maryland; G. F. Markoe, Boston, Mass.; Dr. John C. Riley, Washington, D. C.; Dr. Thomas Jenkins, Louisville, Ky.; Dr. Charles A. Lee, Buffalo, N. Y.; Dr. J. S. Welford, Richmond, Va.; William F. Wentzell, San Francisco, Cal.; .W. S. W. Ruschenberger, U. S. Army and Navy.

Dr. B. F. Craig, of the District of Columbia, offered a resolution, which was adopted, "That the Committee of Revision be instructed to include some part of the metrical system in the list of officinal weights and measures."

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Power of Nature in the Cure of Disease.—There seems to be a large class of practitioners who entirely ignore the power of nature in the cure of disease, and of its ability to relieve the system from the effects of poisons. We often receive, and also find recorded in the journals, vaunted cures of tetanus by some article of the materia medica which happened to be administered at the time, the reporter overlooking the fact that the same article has over and over again failed in other cases; and even that some more potent measure, such as amputation of the injured limb, may have been employed at the same time. This last, if it fails to cure in many instances, still may exert too important an influence to be entirely ignored. It should further be remembered that more than fifty medicinal

agents of the most varied and even contrary action have been claimed to have effected cures of this affection, and yet the mortality from it continues undiminished.

We likewise have received accounts of numerous cases of opium poisoning supposed to be cured by belladonna, and of belladonna poisoning believed to be cured by opium, and of strychnia poisoning cured by various articles. Now, without denying the possible antagonism of opium and belladonna, the fact must not be overlooked that both of these poisons, as well as strychnia, snake-poison, &c., may be eliminated from the system by the natural emunctories, especially by the kidneys, and that if the patient can be kept alive long enough to enable the emunctories to eliminate those poisons, recovery from their effects will take place. Without wishing to discourage the use of antidotes, we desire to impress upon our readers that the great object should be to maintain life as long as possible, so as to afford time for the eliminative process to be accomplished, and that in order to duly determine the effects of supposed antidotes the powers of nature should not be ignored, but that an effort be made to determine the precise agency of these two powers in every case of recovery, so that the real value of the so-called antidotes may be the more certainly determined.

Conversazione of the Biological and Microscopical Section of the Academy of Natural Sciences of Philadelphia.—The Academy of Natural Sciences, the members of which have been for more than half a century diligently devoted to the study of the natural sciences, and have contributed so largely to diffuse a taste for their cultivation by liberally throwing open their extensive and magnificent museum to the public, has attached to it several sections, each devoted to the special study of some one of the departments of science. The Biological and Microscopical, one of the most active of these Sections, held their first conversazione in the spacious hall of the College of Physicians, the use of which was liberally granted for the purpose, on Friday evening, May 13th. The rooms were thronged during the whole evening and up to an unusually late hour, by a highly intelligent and appreciative assemblage.

Entering the vestibule, which, with the spacious stairway, was elegantly decora
with plants, visitors first passed into
southwest museum room of the colle
which was appropriated to the exhibitio
the costly apparatus of Dr. J. Solis Co
for illustrating the phenomena of voice
hearing, among which was the double
ren of Helmholz, the simpler apparatus
Lissojou, for giving optical expression to
vibrations of tuning-forks, and thus stud
ing their forms in combination; the ma
ometric flame apparatus of Kœnig for
visual expression of the vibrations of org
pipes, and the optical study of the numeric
values of musical intervals; the apparat
of Dr. Melde, of Marburg, Marlowe's diffe
ential sonometer, with many other interes
ing instruments and elaborate drawings. D
Cohen was assisted by Prof. Houston, of t
Central High School, who, besides, co
tributed a very large siren after Helmho
and other valuable apparatus.

In the adjoining southeast room, Prof.
E. Rodgers, of the University, untiringly e
hibited from time to time during the evenin
some of those brilliant experiments wi
electricity which have rendered the Univ
sity additionally famous as a centre
electric light, unveiling the mysteries
the telegraph, the electrical machine, &
&c., with wonderful clearness of explan
tion and illustration.

The large lecture room was appropria
to an exhibition of the gas microscope
Dr. J. Gibbons Hunt, which constitu
one of the most interesting portions of
evening's entertainment. A power of
was used, and gave a flat field coverin
screen ten feet square, upon which m
than fifty natural objects (not photograp
were shown, ranging through the doma
of anatomy, botany, and entomology. T
cell structure and spiral tissues in plants,
gether with the glands of Nepenthes Dio
and the irritable leaf of Dionea, so inter
ing in a physiological point of view, ca
clearly out on the canvas. Our small
flowering plant, the Wolffia Columbia
revealed its cell structure and also the lit
depressions, some specimens having you
ones attached to the parent plants, as th
were made to roll across the screen. Amo
the anatomical specimens those showin
the vascular system of the kidney, the cer
brum of the cat, the villi of the hum
colon, and the respiratory tubes in the lar
of Dityscus were brought out with wonde

ful distinctness, while the plates and anchors of Synapta were projected on the canvas clearer and sharper than in any photograph. A scorpion filled the screen with all its parts distinct, and in focus at the same time, while moths and butterflies came out on a field perfectly flat with a definition that revealed the minute scales on their wings.

The southeast library room was occupied by Dr. W. W. Keen, and Professor J. H. McQuillan of the Dental College, with a fine collection of anatomical models, and by Dr. M. J. Grier, with a very complete exhibition of electro-magnetic and electro-galvanic apparatus, which, in view of the most important uses of these agents in therapeutics, deservedly attracted a large share of attention. Among the curious and interesting electro-galvanic apparatus displayed by Dr. Grier, was an ingenious thermometer, whose column of mercury was so arranged, that it completed a galvanic circuit, converting a bar of soft iron into a magnet, and so set ringing a little alarm bell, which drew attention to the fact that the apartment in which it was placed had become overheated. A pulse telegraph attracted much notice, as did also the different forms of batteries adapted to a great variety of medical purposes.

The southwest library room, with the adjoining one, occupied by Dr. Samuel Lewis' very valuable collection of medical works, was fitted up with tables along their whole length and devoted to the exhibition of about seventy microscopes, embracing those of highly primitive construction, dating back to the year 1704, as well as including the most perfect and costly microscopes, the masterpieces of our own and foreign manufacturers. Among the opticians represented, we observed Messrs. Zentmayer, Queen & Co., and McAllister of this city, Tolles of Boston, Wales of New Jersey, Spencer of New York, Powell & Lealand, Ross and Smith & Beck of London, Hartnack, Nachet and Chevalier of Paris, &c., the total value of instruments and apparatus probably not falling short of $20,000. Each microscope had arranged beneath it some object suited to its power, and was placed under the care of a member of the Society, who from time to time adjusted or changed the object and took pains to explain the peculiarities of the instruments and of the structures to the constant and large stream of visitors. Prominent among the attractive objects were, the wonderful type plate of the diatomaceæ, the exquisite stereoscopic view of the hibiscus, under the binocular, specimens of an elytrum of the diamond beetle, and of naphthaline as seen by polarized light.

We most heartily congratulate the Society upon the remarkable success of this their first conversazione, and trust that they may be sufficiently encouraged by the scientific public, to be enabled to continue annually these delightful reunions.

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New Medical Journals.—The number of these which have appeared or been projected during the past year is unusually large. There seems to be the same rush into journalism as there was to the gold fields of the Pacific coast some years since, and we trust it will prove equally remunerative; at all events we must admire the courage of those engaged in these enterprises. We wish them all success, and fraternally welcome them to our exchange list. In addition to the new journals already announced (see p. 25 of this volume) we have received during the last month two more: 1st, the "National Medical Journal," edited by C. C. Cox, M.D., &c. &c., the first number of which was issued at Washington, D. C., in May last, and makes a creditable appearance. It is announced to appear quarterly hereafter, each number to contain not less than 128 pages 8vo. Terms, three dollars a year.

2d, "The Indiana Medical Journal," edited by Drs. Thad. M. Stevens, W. B. Fletcher, and Guido Bell, the first number of which was published at Indianapolis last month, and is to appear monthly hereafter, each number to contain 32 pages, at one dollar and a half a year.

A new journal has been projected in Philadelphia, to be called "The Medical Times," the first number of which will be issued, we learn, on the 1st of October next and semi-monthly thereafter. The enterprise is in good hands, and we feel assured that it will materially advance the medical interests of Philadelphia by the publication of regular and authentic clinical reports from our various hospitals, infirmaries, dispensaries, etc., which will exhibit the immense resources possessed by our city for clinical instruction, and the very large amount of cultivated intelligence and zealous industry engaged in that work.

We have before us the prospectuses of

two other projected journals, one, "The Medical and Surgical Journal of the Northwest," to be issued monthly at St. Paul, Minnesota, by Alex. J. Stone, M. D., of Stillwater; the other, "The Cotton Zone Central Journal of Medicine," to be published at Atlanta, Georgia, under the editorial direction of Wm. A. Love, M. D., of Albany, Georgia.

FOREIGN INTELLIGENCE.

Chloral and Chloroform.—Communications on chloral multiply daily. Among some of its curious effects may be noticed an observation of M. Liégeois at the Société de Chirurgie that in a case in which he had performed a minor operation under the influence of chloral, which produced sleep, but not anæsthesia, he resorted to chloroform. To his great surprise he found that the association, so far from increasing the effects, gave rise to excitement which lasted as long as the inhalations were continued. The fact is the more to be remarked as tending to disprove the identity of action between chloral and chloroform insisted upon by Liebreich. M. Giraldés, proceeding in a different direction, administered to infants who have been chloroformed and remained very agitated, a chloral draught. The effect of the association was to produce peaceful sleep for from five to eleven hours. Since then he has frequently employed chloral, either in mixture or enema, whenever children have remained excited after chloroform, and always with success. M. Demarquay observed that he has continued with advantage his practice of giving patients immediately after operation successive doses of 2 or 3 to 5 grammes of chloral until sleep is produced. All subjects are, however, far from exhibiting the same effects from the action of chloral. In some, when it is given immediately after the operation, it produces a quiet sleep and deep calm which lasts all day, and prevents any of the pain consequent on the traumatism being felt. Others proved refractory to the action of chloral, which is sometimes rejected by vomiting. As a medium dose he gives 2 grammes in two spoonfuls of syrup diluted with water. M. Giraud-Teulon has observed the same excitement produced by administering chloral in children that have been etherized as related by M. Liégeois in those who have been chloroformed.—Med. Times and Gaz., April 23, 1870.

New Remedies for Burns.—Two new remedies for burns are added to the long list. The first is charcoal. A piece of vegetable charcoal laid on a burn at once soothes the pain, says the Gazette Médicale, and if kept applied for an hour cures it completely. The second one is sulphate of iron. This was tried by M. Joel in the Children's Hospital, Lausanne. In this case, a child, four years of age, had been extensively burnt, suppuration was abundant and so offensive that the ward was uninhabitable. M. Joel ordered the child a tepid bath, containing a couple of pinches of sulphate of iron. This gave immediate relief to the pain, and being repeated twice a day—twenty minutes each bath—the suppuration decreased, lost its odour, and the child was soon convalescent.—Med. Press and Circular, April 6, 1870.

Corradi's Urethral Dilator.—M. Broca presented, a short time ago, to the Imperial Academy of Medicine, a report upon a urethral dilator of M. Corradi. The instrument distends the urethra without tearing the mucous membrane or the actual texture of the canal. It consists of two slender silver rods joined at their vesical extremity, making up a thickness of No. 8. By means of a mechanism at the handle one of the rods can be shortened, and it thereby bends on the other like an arc upon its cord. The instrument being introduced beyond the stricture, the rod is shortened, and the whole slowly withdrawn. The dilatation in the transverse direction is not painful, causes no hemorrhage, and immediately afterwards No. 12 French (about No. 4 English) can be introduced. The size of the bougies is then rapidly increased; and in a week a full-sized instrument can be passed. It is clear that M. Corradi's view is to shorten the earlier stages of ordinary dilatation, whilst Perrève's and Holt's instruments regularly break up the urethra.—Lancet, April 16, 1870.

Thymol, a New Disinfectant.—This substance, properly called thymic acid, is recommended as a new disinfectant, in many respects preferable to carbolic acid. From several observations communicated by A. Paquet, it appears that in the undiluted

state it is a powerful escharotic, useful especially to remove warts and cauterize hollow teeth, in which cases it acts without producing pain, and gives to the breath a far more agreeable odour than carbolic acid. An aqueous solution of it (1 : 1000) acts upon healthy ulcers without irritation, rather like a cooling application and antiputrid dressing, and puts them in a healthy condition. The same is the case with putrid ulcers in the cavities of the body, and by injecting into natural specimens a mixture of four parts of thymol, two parts of aniline, and four parts of tannic acid in 100 parts of glycerine, they may be made to keep for a month of a normal volume and colour.

This stearopten of the oil of thymus vulgaris, though somewhat scarce and expensive, may in many cases be used as a substitute for the never odourless carbolic acid, and in much more dilute solutions.—Druggists' Circular and Chem. Gaz., May, 1870.

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Mobility of the Liver.—An interesting, and perhaps unique, case of extreme mobility of the liver has been recorded by Professor Cantani. The patient was a lady, aged 54, and eleven years previously, immediately after her last confinement, the liver had descended from its usual place into the hypogastrium, occupying a position extending from the umbilicus nearly to the symphysis pubis. The liver was of normal size, and could be freely moved in every direction, and, by placing the patient in a recumbent position, with the sacrum elevated upon a cushion, it could easily, with a little manipulation, be returned to its place, descending again when she resumed the erect position. During the whole period of eleven years it had occasioned no injury to health, and but little inconvenience; but as it had been diagnosed in the beginning as a uterine tumour, the lady had become a prey to hysteria and melancholy, believing herself to be a victim to an incurable disease, and these symptoms had been considered as a proof of the diagnosis. On being reassured as to the nature of the supposed tumour, she rapidly regained her former health.—Med. Times and Gaz., April 9, 1870.

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Ingestion of twenty-five drops of Croton Oil by a Man; Recovery.—A case of this kind was published in the Tribune Médicale of Paris (No. 93), relating to a little girl six years old. The child recovered after severe vomiting, and hardly any diarrhœa. Dr. Augé, of Reuilly (France), has lately communicated to the same journal the above-mentioned case. A mistake was made between the cough mixture and a small bottle containing croton oil, to be used for frictions beneath each clavicle. It is calculated that about fifty-five drops were swallowed. There was some diarrhœa and feverishness for three or four days; but the patient was not much distressed, and finally recovered. M. Augé thinks that the oil, instead of being absorbed, spreads on the moist mucous membrane of the stomach. The medico-legal bearings of such a case are very important.—Lancet, April 16, 1870.

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Influence of Atmospheric Dust in the Production of Disease.—At a late meeting of the Imperial Academy of Sciences an interesting paper was communicated by M. Dumas, in the name of M. Wiestyn, concerning the influence of atmospheric dust on the production of disease. M. Wiestyn observes that the ventilating machines of the various hospitals and places of public resort pump up with the air of the wards and theatres the germs which escape from the bodies of the patients, &c., and then let them fall over inhabited localities, where they produce mischief. The author therefore suggests that, before escaping from the ventilators, the air should be subjected to a very high temperature, so that all the germs which it contains may be completely destroyed.

In connection with this communication, M. Sainte-Claire Deville made some noteworthy remarks concerning various experiments which he had instituted during the choleraic visitation four years ago. He then recognized that the odour emitted by the patients was sometimes acid and at other times alkaline. It was acid in the wards inhabited by children or females. The alkaline odour, he said, was produced by ordinary ammonia or triethyl ammonia. Besides this, the presence of numerous organic germs was traced in the air of the wards, and it even happened that some of the experimenters suffered from their contact. M. Sainte-Claire Deville warmly advocated the employment of calcination or air as a means of destroying the germs, and

preventing the extension of the epidemic.—Lancet, April 2, 1870.

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Smallpox in Paris.—In M. BESNIER'S report on the diseases prevailing in Paris during the first quarter of the present year, he gives an interesting account of the course of the epidemic of smallpox still raging in that city. It commenced in November, 1869, when diseases from this cause exhibited a sudden increase. During the winter it underwent a considerable exacerbation, proceeding in this respect in conformity with the usual course of smallpox. On examining the mortality returns from variola during the last ten years, M. Besnier states he finds the minimum is always in the months of June, July, and August, when, increasing somewhat in September, it pursues a regularly ascending course during the winter, to decline again in the spring, and fall to the minimum in summer. If this rule is to hold good the present epidemic must soon exhibit a decrease. Not only is the disease most frequent in the winter, but its proportionate fatality is greatest in that season. The entire number of deaths from variola during the first quarter of 1870 was 2266—viz., 681 in January, 747 in February, and 838 in March. In ordinary times smallpox follows pretty much the course of other diseases in its relative prevalence in the different arrondissements, but during epidemics, the differences in this respect, although still observable, are much less marked. The great number of cases occur between the ages of twenty and thirty, males being more frequently its subjects than females. The mortality which ensues does not follow this rule in the present epidemic any more than in former epidemics. Thus, for the months of January and February the mortality of adult males was 20.16 per cent., and of females 21.87 per cent.; and of males under sixteen it was 34.47 per cent.; and for females of the same age 36 66 per cent.—not counting the children at the Foundling Hospital, where it was 40 per cent. M. Vacher has established the great fatality of variola during the first year of life; viz., ten times greater than at the period between twenty and thirty; and, moreover, it is even very considerable during the first three months, contrary to an opinion generally entertained, and which has given rise to a false security, in relation to early vaccinations. Observation during the present epidemic shows even more powerfully than on former occasions, the important mitigating power exerted by vaccination in the numerous cases in which smallpox has succeeded it. The reporter also details various examples of the slight protection afforded by vaccination when performed during the imminence of variola. With respect to the treatment of variola, the only new point of interest is the successful employment of phenic acid in large doses by M. Chauffard. M. Besnier has, since this means has been announced, given this substance to all his numerous cases of variola in quantities varying from 25 centigrammes to 1¼ gramme per diem; and the results have seemed to him decided enough to induce him to still continue the treatment by giving it at an early stage of the disease; and in several cases which appeared as bad as possible, a successful result was obtained. Consecutive abscesses were also observed to be much less common. M. Moissenet has found great advantage to accrue from adding a litre of Labarraque's liquid to each of the baths he always employs. The patients derive great comfort from the baths, and the horrible odour which accompanies the suppuration disappears.—Med. Times and Gaz., May 7, 1870.

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OBITUARY RECORD.—Died, in Edinburgh, on the 8th of May, of angina pectoris, complicated with heart disease, in the 59th year of his age, SIR JAMES YOUNG SIMPSON, BART., a man whose attainments as a physician and scholar have enrolled him among the most illustrious names of the century. No physician of the present day—scarcely, indeed, in the history of medicine—has left a more permanent or brilliant record of the utility of his life or the versatility of his genius, than he, the distinguished Professor of Midwifery in the University of Edinburgh. For forty years he toiled unceasingly for the advance of medical science, and his numerous contributions to medical literature attest the deservedness of the reputation he achieved.

Born at Bathgate, in 1811, Sir James, the poor and almost friendless, pursued his literary studies in the University of Edinburgh and by winning a scholarship, which car

money with it, was enabled to pass the literary to the medical class. In ; he took his degree of M.D., and be- e assistant to Prof. Thompson in the ir of Pathology. He soon after gave ures on midwifery in an extra-acade- al school in Edinburgh, and, in 1840, he early age of 29, was elected Pro- or of Midwifery in the University of burgh. He proved a most popular and uctive lecturer, and his audience were lutely fascinated by the force of his ar- ents, and the appositeness of his illus- ns. His class-room soon became one e most popular in the school, and his ings added new lustre to the prestige e ancient University.

a practitioner he was also eminently saful, and his advice was eagerly t by patients from every clime. l the bustle and anxiety of perhaps argest practice ever possessed by any cian, he constantly found time for ex- ent and writing, in which were ever ted the fertility of his genius, the ori- ity of his thought, and the philanthropy s mind. Among the most remarkable is many literary contributions may be nerated his "Obstetric Works," edited rs. Priestley and Storer; his treatise 'Acupressure;" his eloquent and mas- refutation of Homœopathy; his ar- logical researches; "Was the Roman y provided with medical officers;" ulptured Stones of Scotland," "No- s of Leprosy and Leper Hospitals in gland and Scotland," and other works ch gained for him reputation as an an- arian.

lis early recognition and earnest advo- of the advantages of anæsthesia in ery and midwifery, notwithstanding difference of opinion which may exist the value of the particular anæsthetic oroform) which he introduced into use recommended, entitle him to the gra- e of humanity.

December, 1859, Sir James promul- d his views on the arrest of hemorrhage upressure, a method which he had de- l, and hoped would wholly supersede igature, and secure, as a rule, the pri- union of wounds. He advocated with an amount of zeal, learning, experimental research which did not to excite general admiration. The method is yet on trial, and does not lack enthusiastic supporters.

His medical papers were always characterized by originality and force. In 1868 he proposed "to stamp out small-pox" by isolation, and in the following year he, with characteristic energy, began the discussion on "Hospitalism." That out of eighteen amputations but two should recover was to Sir James a result intolerable, and, with great energy and much laborious research he waged a fierce war against colossal hospital buildings. Although errors crept into his statistics, and fallacies were found in his arguments, yet in the main his conclusions were right, and will doubtless result in the greatest good. Even though we are unable to prophesy what the remedy will be, yet we cannot doubt that all who, in the future, submit to capital operations in large hospitals will owe a debt of gratitude to Sir James Simpson for largely increasing their chance of recovery.

Sir James's labours were not without recognition in his lifetime. For his services in connection with anæsthesia he was, in 1853, elected a foreign associate of the French Academy of Medicine; and for the same cause, in 1856, he received the Royal Order of Knighthood of St. Olaf from the late King of Sweden. From the French Academy of Science the Laureateship and gold medal, and the Monthyon prize of 2000 francs "for the most important benefit to humanity." In 1866 he was created a baronet by her Majesty Queen Victoria, and in the same year received the degree of D.C.L. (Oxon.). In 1869, a few months before his death, the freedom of the city of Edinburgh was presented by his fellow-citizens, through the Lord Provost, to him "whose numerous and varied contributions to medical science and literature, and particularly whose distinguished discoveries and appliances for the alleviation of human suffering have seemed to maintain and extend the reputation of this city and medical school, and entitle him to the respect and gratitude of his fellow-citizens." This was the only occasion, with a single exception, of a similar honour being paid to any citizen of Edinburgh. He held the appointment of Physician Accoucheur to the Queen in Scotland, and was member of many learned and scientific societies.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Latent Scarlatina followed by fatal Uræmia.—By CHARLES MURCHISON, M.D., Physician to the Middlesex Hospital and Lecturer on the Practice of Medicine.

Gentlemen: The important practical lessons to be learnt from the case which to-day I bring under your notice will, I trust, be indelibly impressed upon your memory. We have just been witnessing the post-mortem examination of the body of William C——, aged twenty, a French-polisher, who was admitted into the hospital on Sept. 27th, 1869, and who, during life, presented all the symptoms in a typical manner of acute nephritis. About a fortnight before admission dropsical swelling had appeared in his legs, and his friends had noticed a puffy swelling of the face. The urine at the same time became scanty and high-coloured, and during the week prior to admission he had suffered from headache and occasional vomiting. Throughout the fortnight the bowels had not acted except after taking purgative medicine. At the time of admission there was considerable general anasarca; the face was puffy, pasty, and anæmic; but there was no evidence of fluid in the serous cavities. The pulse was 72, and the respiration 16; the physical signs of the heart and lungs were normal; tongue slightly furred, appetite good, but frequent retching of watery fluid; bowels freely open by medicine. Much headache; pupils large; little sleep, but mind clear. No pain nor tenderness in loins. Urine scanty, of sp. gr. 1018; deposited after boiling two-thirds (in volume) of albumen, and contained numerous blood corpuscles and renal epithelium cells. No desquamation of cuticle.

The proper treatment in any case presenting the symptoms now described is to

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relieve the kidneys by inducing free action of the skin and of the bowels. Accordingly the patient had a warm bath and afterwards was kept warm in bed; half a drachm of compound jalap powder was given at once, and a draught containing two drachms of liq. acet. ammoniæ and a scruple of acetate of potash was ordered to be taken every four hours. On the following day the patient seemed better; there was moderate perspiration, but the bowels had acted only slightly. A drachm of compound jalap powder was now ordered. Through some negligence on the part of the nurse, this powder was not given; but in the evening the bowels acted twice, and the patient was very improperly permitted on both occasions to traverse the whole length of the ward in going to the water-closet. After this he slept well till five next morning, when he passed some urine less smoky than before, but containing one-half of albumen. Shortly after this the nurse's attention was attracted by his breathing being loud and stertorous, as if he were recovering from a fit. At 5.30 the jalap powder was given, but at 6, and again at 7, he had a fit of violent convulsions, with foaming at the mouth and lividity of the face. He regained consciousness after these fits and complained of intense headache. He had a warm bath after the second fit; but at 8 A.M. he had another fit, and after this he remained in a state of profound stupor and great restlessness, interrupted by a return of the convulsions about every half-hour, until his death about 7 P.M. The pupils were mostly contracted, but dilated during the convulsions. No urine was passed after 5 A.M., and the breath had a fetid ammoniacal odour, but there was profuse perspiration. A bladder of ice was kept applied to the head, and at my visit at 1 P.M. two drops of croton oil were given by the mouth, and the patient was bled from the arm to 14 oz. For about half an hour after the bleeding there seemed to be a slight improvement; the patient was less restless, his breathing was quieter, and his expression less heavy.

At the autopsy, the blood throughout the body was found to be black and fluid. The spleen was large, weighing 10 oz., and diffluent, like the spleen of typhus. The heart was healthy, and the lungs congested. The peritoneum contained 6 oz. of clear serum, the pericardium 2 oz., and each pleura about 4 oz. The brain presented nothing abnormal beyond considerable congestion and an ounce of clear serum at the base. Both kidneys were much enlarged, weighing together 15 oz.; their surfaces were smooth, and their capsules here and there slightly adherent. The cortex was much hypertrophied and generally pale and opaque, but the pyramids and the Malpighian bodies were intensely congested and dripped with blood on section. The uniferous tubes were crammed with granular epithelium, and some of them contained extravasated blood. The bladder was empty.

Here, then, we had a typical case of acute nephritis proving fatal by suppression of urine and blood poisoning. The small quantity of urine voided immediately before the fits had probably been secreted some time before; none was secreted afterwards. The fact, however, that the case was a good illustration of acute nephritis was not the chief reason that induced me to make it the subject of this lecture. It is to the cause of the attack that I wish particularly to direct your attention. Almost all of the cases of acute nephritis which you meet with in practice are referable to one of two causes, viz: 1, a chill as from exposure to cold and wet; and, 2, some poison in the blood, and especially that of scarlet fever. With regard to the chill, you must remember that it is only under exceptional circumstances that it excites nephritis. Supposing twenty or thirty persons all exposed to the same cause of chill, nephritis would occur probably in only one; and it would be found that the person was of adult or more advanced life, and that he had either led an intemperate life or had previously given evidence of chronic disease of the kidneys. Our patient, however, was young; he had previously enjoyed good health, and been very steady and temperate. For these reasons, and knowing how usually prevalent scarlet fever is at this time, one of the first questions I put to the patient was whether he had recently recovered from scarlet fever, but both he and his friends denied all knowledge of his having suffered from it or of his having been exposed to it. It was only on cross-examination that we discovered that a month before admission, or a fortnight before the appearance of the dropsy, the cuticle had peeled off his hands, a

t for this he consulted a surgeon, who scribed an ointment. While this desqua- tion was going on he felt weak and out of ts, and he went to Weymouth for four rs. On his return his friends observed t he did not seem much the better for his iday, and he first felt his throat a little e; but, prior to the desquamation, he had : had sore-throat nor eruption, and he had : given up work. It was further ascer- ned that, while this desquamation was ng on, his three younger brothers and ters were confined to bed for two or three rs with sore-throat and fever, and his ler brother, although he had no sore- oat, and did not give up work, also felt

No eruption was observed in any of s four. In the face of these facts, no one ll dispute that the nephritis in our patient is determined by an attack of scarlet ver.

The practical lesson which I wish you to arn from this case is, never to neglect a ild case of scarlet fever. You will con- antly be consulted in the case of children ho, after a known exposure to scarlet ver, have the symptoms in so mild a form at they are scarcely thought to be ill. he practice is far too common of permit- g such patients to be up and to go about usual; and, indeed, in more developed ses of scarlet fever, the patient is often lowed to leave his bed much too soon. numberless instances I have known this actice result in nephritis, sometimes ter- inating fatally by uræmia, or by secon- ry pericarditis, pleuro-pneumonia, gastro- teritis, &c.; and at other times ending chronic, but permanent, degeneration of kidneys. During the third and begin- g of the fourth week of scarlet fever, urine often contains albumen, and the neys are more or less congested. You uld be astonished to find how much albu- may sometimes be present, without dropsy or other symptom of renal dis- . But if during this time the transpi- on of the skin be checked from any e, the congestion of the kidney may me converted into nephritis. It is a l rule, therefore, to keep every patient vering from scarlet fever in bed or in a m room for at least three weeks from commencement of the attack, and not then to permit a change if desquama- be going on, or if the urine contain al- en. The rule is sometimes difficult to enforce; but the present inconvenience of the practice ought to weigh for little against the possible dangers from this neglect. For nearly ten years this rule has been followed at the London Fever Hospital with this re- sult, that nephritis as a sequel of scarlet fever has, during that time, been almost unknown there, except when it has occurred prior to the patient's admission.

Lastly, the neglect of slight cases of scarlet fever probably contributes much to the spread of the disease. Many observa- tions have satisfied me that the attacks of sore-throat, to which even adults (who may already have had scarlet fever) are liable after much exposure to scarlet fever, may be the means of propagating the disease; and you must bear in mind, what I have so often told you, that the most malignant at- tack of scarlet fever may be contracted from a person suffering from it in the mild- est form. The nature and severity are determined by the constitution of the reci- pient rather than by any difference in the quality of the poison.—Lancet, May 21, 1870.

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Intussusception in an Infant cured by Inflation of the Bowel.—W. S., æt six months, admitted into Guy's Hospital March 28th, 1870. The child appeared in perfect health until yesterday afternoon about four o'clock, when, whilst sucking a crust of bread, he suddenly screamed out, fainted, and became cold. The mother took him to a doctor, who gave him a pow- der, which made him very sick. He con- tinued in great pain, and cried incessantly. At three o'clock this morning he passed a quantity of clotted blood per rectum, and this continued to run from him until he was admitted into the hospital at twelve o'clock. The last fecal evacuation took place at noon the previous day.

On admission, the child was seen to be well grown, but face pale, and had a gene- rally collapsed appearance. On examining his abdomen, a lump was distinctly felt to the left and above the umbilicus, which hardened when pressed upon. On passing the finger up the rectum a round projection could be felt about four inches up, with a circular orifice in the centre. The finger, when withdrawn, was covered with blood. The case being thus clearly one of intus- susception, Dr. Wilks ordered inflation of the bowel by means of a bellows. Chloro-

form was given, and an enema tube passed into the rectum, the other end being attached to the bellows. The attempt to inflate was at first unsuccessful, owing to the large size of the rectum; but by increasing the width of the tube by wrapping a strip of lint round it, the colon was well inflated, and then the lump gradually went back until it quite disappeared. A drop of opium was ordered in a drachm of dill-water, and the breast to be given sparingly.

On the following day, March 29th, no lump could be felt. The child had been sick several times, and nothing had passed per rectum. To repeat the medicine.

March 30th, child very irritable; apparently much tenderness over abdomen, especially towards the right side. Occasionally sick. Passed a little blood, but no feces.

31st, evidently better. Had a liquid evacuation with no blood, and sucks well.

April 1st, passed a natural motion, and altogether better.

2d, child apparently well, and taken out by the mother, who was somewhat discontented at the operation performed on him, as she never could be made to realize the severity of the case.

He remained well until the 10th, when he was brought to the hospital, having had fresh bleeding, and the lump could again be felt. The mother would not allow the child to be again taken in for the purpose of a renewal of the method which had been before so successful, but took him away for the purpose of procuring some physic for him; and no more was heard of the case.

Dr. Wilks remarked that this was a good model case of intussusceptio and of the appropriate treatment. The nature of the involution was of the usual kind—the ileum into the cæcum, and the subject a boy, as is most commonly the case. There was, however, one symptom which had not been hitherto remarked, viz., the collapse at the time of the occurrence of the passing in of the bowel. The sickness and constipation denoted intestinal obstruction, and the passage of blood, that this was caused by intussusceptio. This symptom was first clearly established as a characteristic sign of this accident, by Mr. Gorham, who wrote an excellent article on the subject in the Guy's Hospital Reports for the year 1838. If there had been any doubt as to the nature of the case, this would have been removed by the discovery of a tumour in the abdomen, which contracted on being handled, and by the fact of the rosebud-like projection to be felt in the rectum. This showed that the intussusceptio was very extensive. The treatment was then clear, and, in other cases, was completely successful. Dr. Wilks's wish was to keep the child in for some time, continue the opium, and feed him most sparingly. It was also discussed whether a pad over the abdomen might be efficacious in preventing a return of the intussusceptio.—Lancet, May 21, 1870.

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Clinical Remarks on the Diagnosis of Diseases of the Stomach and Œsophagus.—An emaciated man, æt. 53, was admitted into Guy's Hospital, under the care of Dr. Wilks, May 11th, with supposed disease of the stomach. The following were the chief points in the history of the case: for eight months past severe pains over the stomach, and almost immediate return of swallowed food, particularly of meat and dry solid matter; profuse hæmatemesis on two occasions; loss of flesh. Dr. Wilks stated that in cases of this kind it was necessary for the medical attendant to find out for himself whether there was immediate regurgitation of the food after deglutition, or vomiting occurring sooner or later after this act, but still not until the passage of the food into the stomach. The former symptom would indicate some contraction of the œsophagus; the latter, disease of the stomach, probably cancer or gastric ulcer. Hemorrhage from the stomach varied very much in amount, according to the nature of the case; in cases of gastric ulcer it might be slight or severe; but when due to liver disease it was always excessive, since the bleeding must necessarily be associated with extreme engorgement of the portal system. Pain in the epigastrium was invariably present in cases of vomiting, even with sea-sickness. Severe fixed pain was not a constant symptom of ulcer of the stomach; occasionally it was very slight, and not a source of complaint, whilst in other instances it was very acute. In the latter class of cases the peritoneal coat of the stomach was generally involved in the ulceration, and had probably become adherent to some neighbouring part. In one case, related by Dr.

Habershon, twigs of the pneumogastric nerve were found involved in the margin of the ulcer. Dr. Wilks was inclined to look upon the present case as one of disease of the œsophagus, since the food was either regurgitated immediately after deglutition, or, when retained for a short time before its return, was distinctly felt by the patient himself in a fixed position at the lower end of the gullet. Small fragments of toast or dry bread could be passed into the stomach with difficulty, but the bolus when mixed with tea or some other fluid was immediately returned. Dr. Wilks did not look with any favour on the plan of passing bougies for the treatment of disease of the œsophagus from morbid deposit. The contraction of this tube from this cause is not of inflammatory origin, nor analogous in any way to a stricture of the urethra, and cannot be treated with success by a process of stretching.—Lancet, June 4, 1870.

HOSPITAL NOTES AND GLEANINGS.

Clinical Notes from the Practice of Dr. Wilks, of Guy's Hospital. *Intermittent Tetany.*—J. T. R., æt. 3, was admitted March 23, 1870. He had always had good health except during the time of the occurrence of infantile disorders. On March 17th, whilst having his face washed, he complained of pain in his feet, and asked to have his boots taken off. As soon as this was done, his feet were found to be contracted. He was brought to the hospital in the afternoon, when three grains of gray powder were ordered. The spasm gradually passed off, and he continued better until the following Monday, when his legs were again suddenly contracted. The spasm evidently caused him a good deal of pain, as he screamed loudly; it lasted about ten minutes, and then subsided, but his feet did not regain their natural position afterwards. The spasms occurred several times during this day, and became less severe on the next. This morning the child had a severe spasm, in which the hands were also affected; the fingers remained extended afterwards. On admission, both legs were affected, the feet being drawn into the same position as in talipes varus, the calf of the leg being very hard; the knees were flexed, and the thighs on the abdomen. The muscles of the arm were less affected, the fingers being extended and brought together in a conical form. The child was constantly calling out from the pain caused by the cramp, and was continually moving from side to side in the bed in order to procure relief. The legs were rubbed, but with no apparent benefit, and so cold water bandages were applied; these evidently afforded ease, as he immediately became tranquillized. He was also ordered ten grains of hydrate of chloral three times a day. On the following day, March 24th, the spasms were not so severe, and had only occurred in paroxysms three or four times in the twenty-four hours. On the 25th, the spasms were gradually passing off. No effect was produced by pressing on the femoral artery. On the 27th, there were no spasms, but the feet remained contracted. After this, the spasms gradually wore off, and he left the hospital.

Clinical Remarks by Dr. Wilks.—Dr. Wilks remarked that such cases were more common than was supposed, but had hitherto received less consideration than they deserved, on account of the absence of a distinct appellation by which to know them. But when such terms as idiopathic muscular spasm had made way for a definite name as intermittent tetany, a fresh interest was thrown over the disease. Such a name, given by Trousseau, was quite justifiable when the same group of symptoms were constantly seen to occur in different individuals. The disease is mostly met with in children, and might be passed over as one of convulsions; but the recurrence of the symptoms and those characterized by tonic spasms, show the disease is a peculiar one. A child may be ill a few days and then recover; or the complaint may continue for a much longer period, and the whole body be affected, as in tetanus, whilst in others the limbs may be alone involved. The legs are drawn up towards the body, and the muscles are rigid, as in cramp; the arms may also be affected in the same way. If most of the cases were of this description, and like that of the boy in the present instance, the term tetanus might be objected to, seeing that in the tetanic state, excepting during the violence of the paroxysms, the spasmodic rigidity is confined to the neck, chest, and abdomen, those parts, in fact, which are more especially employed in respiration, whilst the limbs remain flaccid; there is in this an important distinction between the

effects of tetanus and those of strychnia. In the present case, the spasms were confined to the limbs. The disease has always been regarded as a functional one, both on account of the remission of the symptoms and its non-fatal character. It might also be remarked how the fingers are extended and held stiffly together, just as is seen in hysteria, and it also sometimes happens that there is some amount of anæsthesia. As regards the cause of the disease, since teething, worms, etc. are sufficient to produce convulsions, so it has been conjectured that like causes may be present to produce intermittent tetany. This boy was a remarkably fine and muscular lad, and no cause whatever could be thought of sufficient to produce the malady. As the boy was suffering much agony, chloral was suggested, and this he took for some time; but, in order to afford immediate relief, some cold bandages were wrapped round the limbs. These were suggested by the remembrance of their great service in the cramps of cholera. As the disease under discussion subsides spontaneously, and as in this very case the paroxysms had already, on more than one occasion, rapidly abated, little can be said of the merits of the remedies employed.—British Med. Journ., June, 1870.

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Ague treated by Bromide of Potassium in Guy's Hospital.—It is known that bromide of potassium was first introduced into medical practice, as a remedy for enlargement of the spleen, by Dr. Williams. Reference to the cases which are given in full in his Practice of Medicine does not, however, show any relation of the remedy to ague-poison more especially than other causes of enlarged spleen. It was a spleen-remedy, and not an ague-remedy, that it was found useful. During the last four months, trials have been made at Guy's Hospital, among the out-patients, of the use of bromide of potassium in ague. The results are such as to show that this drug possesses a very remarkable power over ague, and a power that promises to be of important use in many of the more obstinate cases. Dr. Moxon has had several instances of its successful use; and two of these were in persons who had taken quinia for a length of time without benefit. The following is a short note of one of these cases:—

J. P., aged 27. a joiner, had been laid u for two months with tertian ague. It pre sented this peculiarity, that at the first onse it continued its course for a fortnight, an since that time had alternated weekly; s that he shivered every third day in on week, and was free from shivering the nex and so on—a week of ague following a wee of rest. His spleen was three inches belo the false ribs in the mammary line. H had the look of ague, but had not lost muc flesh. He took quinia nearly from th first constantly, but did not get any bette He came to Guy's Hospital as an out-patien under Dr. Moxon on January 10th. an then commenced taking scruple doses of th bromide of potassium thrice daily. On th 17th, he said he had had no shaking the pre vious week, though it was the week whe he ought to have shaken; but he had ha some headache. The dose was increase to half a drachm three times a day. H never had a fit after taking the bromide and on the 24th of January his spleen ha gone up, so that it was only one inch belo the ribs. He remained under treatmen until February 28th. On presenting him self then, he said that he had had no mor ague-fits; he felt bodily stronger and bette than when he first came, and his spleen wa scarcely to be detected by the fingers. Th so-called "bromism" had not been pro duced in him. His fauces and conjunctiv were sensitive as those of other people.

The other patient had applied on the sam day as this man, and had given a very simi lar account of herself; *i. e.*, ague for man weeks, and continual use of quinia with out benefit. The bromide was prescribed and, after attending once and reportin benefit, she ceased her attendance on th following week.

The following case shows still mor strikingly the usefulness of the remedy:—

J. S., aged 19, a gardener, from Stret tham, came under Dr. Rees's care wit tertian ague on June 13th, 1869. He state that he had had paroxysms of ague ever third day, between four and five in th afternoon, for the last two months; and ha taken quinia during the whole of that time but had derived no benefit or relief of an kind therefrom, and consequently sough relief at this institution. On admission, h had the general appearance of a healthy la but complained of tenderness in both hy pochondriac regions. There was extende

dulness over the liver, and also over the spleen. On the following day, he was ordered two grains of quinia in infusion of gentian three times a day. On the 14th, he had another paroxysm. On the 20th, the dulness over the liver and spleen was more extended; and on the 27th it was noted that no benefit had arisen from the quinia. He was accordingly ordered twenty grains of bromide of potassium in infusion of gentian three times a day. On June 30th, he was noted to have been free from attacks since the 27th, and felt better. On July the 3d, the splenic dulness was diminished, and he felt well. On July 7th, he was discharged well. During this patient's stay in hospital, he had taken eighty-four grains of quinine without benefit; but, after the first drachm of bromide of potassium, he pronounced himself materially relieved.

A considerable number of other more recent cases have been treated in the same way; and this has been the general result —that the bromide always checks the ague, so that for one or two weeks the patients have no seizures; that in some of the cases the cure is permanent, even while the patients still continue to reside in the place where they took the ague; but that in many cases when the patient is still in the ague-district, the ague-fits return after one or two weeks of free interval.

Thus it appears that the bromide of potassium is a remedy well worth a trial in cases of ague that do not yield to quinia, or in cases where the patient has left the place where he was seized with the poison; but it is not pretended that, for the general cure of ague, it would compete in advantages with quinia. Dr. Moxon took the suggestion of its use from Mr. Walter Buchanan, a student of Guy's Hospital, to whom all credit for the notion is due. It certainly appears that a new and important service of the bromide is here shown; and it is interesting to compare this result with the power which iodine and iodide of potassium have shown in curing ague, as reported in Virchow's *Archiv*, xlix.—Ibid.

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Neuralgia of Supraorbital Nerve; Division of Nerve; Recovery.—The following case of this was treated at the Royal Infirmary, Edinburgh. W. D, æt. 40, healthy, had suffered from tic in the jaw for five years. The pain during that time, although not constant, had occurred in paroxysms almost daily, and was usually very severe. Commencing at the supraorbital foramen, the pain passed downwards over the right cheek and upwards to the forehead; and for some months past it had been of a most excruciating lancinating character. He had been treated by many of the most skilful practitioners with almost every conceivable remedy for the affection, both internal and external, including quinia, iodide of potassium, mercury in large and small doses; purgatives of all sorts, such as croton oil; liniments of every description; chloroform, blisters, opium in all shapes, endermically and hypodermically; aconite, iron, bebeeru, etc., but all without relief.

Upon examination, the teeth were found all sound. The pain was daily intense, and lately had become so agonizing that the general health was beginning to suffer. As the patient was willing to submit to any measure likely to procure relief, the following operation was performed.

Dr. Joseph Bell made a T-shaped incision over the supraorbital foramen, and exposed the nerve. A portion of this, about the third of an inch in length, was excised. On coming out from the effects of the chloroform, the patient stated that the neuralgic pain had disappeared; and from this time till the present it has never returned. He was discharged from the hospital about a week afterwards, perfectly well, and without having experienced the slightest twinge from the pain from which he had been suffering for so many years.

In connection with this case, Dr. Joseph Bell remarked that in his experience the above result, with a few exceptions, generally followed division of the nerve in this affection; the recovery, however, being only temporary. The patient, he says, usually remains perfectly free from suffering for three or four months, after which time the pain gradually returns, and the operation has again to be performed, with a like result.—British Med. Journ., May 21, 1870.

Neuralgia of Dental Nerve, treated with Chloral; Relief.—Royal Infirmary, Edinburgh. J. F., æt. 65, had, for the last six months, been suffering from neuralgia of the dental nerve of the right side. The pain was intense, occurring in paroxysms almost hourly, and shooting downwards in a lancinating manner throughout the entire

course of the dental nerve. For the relief of this, nearly all the teeth of that side had been removed; and all the ordinary remedies, both internal and external, had been employed without effect. On admission, he was suffering the most intense agony, and he was emaciated and careworn from constant suffering. Hypodermic injections of bimeconate of morphia and atropia, with bebeeru, quinia and iron internally were administered without any beneficial effect. It was determined to give the hydrate of chloral a trial. Forty grains were taken in the morning. In the course of ten minutes, the pain began sensibly to diminish, then gradually continued to decrease in severity, and in ten minutes more altogether disappeared. During this time he had not the slightest desire to sleep. The patient remained in perfect comfort for about half an hour, at the end of which time the neuralgia again gradually returned. Another dose of the medicine produced the same relief, which, however, never lasted more than about half an hour. This experiment was frequently repeated, and always with similar results; but it was remarked that in the course of a week the chloral, even although the dose was greatly increased, seemed to lose this anodyne effect, and did not relieve pain without causing sleep. As a commentary upon this case it may be stated that, after all the ordinary remedies failed to remove this distressing symptom, chloral produced temporary relief. The remarkable feature, however, is that chloral, contrary to the general opinion of its action, seemed to produce in this instance a true anodyne effect, viz., the relief of pain without causing sleep. That this was not altogether a coincidence was shown by the repeated observations made upon the case, the administration of the drug always being followed by temporary cessation of pain. Lastly, it would appear that here chloral lost its effect upon the system; as, to produce in this man beneficial results, the dose had to be gradually increased; and, finally, although he took so much as seventy grains, no anodyne action followed.—Ibid.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Reduction by Manipulation, of Dislocated Hip-Joint. By WILLIS ALSTON, M. D., of North Carolina, formerly resident student in the Baltimore Infirmary.—J. C. D., æt. 33, was admitted into the Baltimore Infirmary on the 25th November, 1868; a man of fine muscular development. On the 23d of November, after taking several drinks of liquor, he was riding in a buggy alongside of two other persons. His condition, together with the unfavourable position which he occupied, soon caused him to lose his equilibrium, and, falling from the vehicle, he dislocated the head of the right femur. He was thence taken home, and three physicians were summoned, who, after long and repeated attempts at reduction (under chloroform), failed to accomplish it. A certificate to that effect was sent with the patient. When admitted to the house the dislocated limb presented a shortening of two inches, with the toes resting on the opposite instep; the knee turned inwards, and somewhat advanced upon the other; the trochanter not so prominent as the one of the opposite side, and approaching the spine of the ilium. The head of the bone could not be felt in its new position on account of the muscularity of the patient. On the 28th of November, five days after the infliction of the injury, the patient was brought before the class for examination. Prof. N. R. Smith, after a careful examination in the presence of the class, and many other eminent medical gentlemen, found the limb considerably swollen and very painful, with much discoloration, and pronounced it a dislocation of the head of the femur, upwards, on the dorsum of the ilium. He spoke of the various methods which had been adopted for the reduction of that dislocation, but he preferred the one by manipulation, in which no apparatus was used. The patient was thoroughly chloroformed, to the almost perfect relaxation of his whole muscular system. Prof. Smith, standing upon the patient's right, who was placed on a convenient table, seized the ankle of the right leg with his right hand, and the knee with his left, with the aid of assistants, he forcibly flexed the thigh upon the pelvis, and the leg upon the thigh, leaving the knee then in the vicinity of the left shoulder; then, firmly holding the foot in this inverted position, the knee was pushed as far to the right as possible—everted; then aversion of the foot, followed by complete extension of the limb (using the length of the limb as a lever), finished the mechanism of the reduction, which was so

complete, and so skilfully accomplished that, with a snap audible over the entire amphitheatre, the head of the bone slipped into the acetabulum. The patient suffered for some hours afterwards, with severe pain, and next day the thigh swelled considerably. However, with only a liniment to the part, the patient did well, and, in a few days, left the house in a good condition.

LITTLETON, N. C., July 1, 1869.

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Case of Fracture of the Thigh caused during Delivery. By COMEGYS PAUL, M.D.—On the 12th of April last an infant, three days old, was brought to my office, suffering from what the nurse called "something the matter with its leg."

It appears that the mother had been attended during confinement by a woman in the neighbourhood, following the combined occupations of "midwife and layer-out of the dead." Whether she endeavoured to make two cases out of this one I am unable to say; however, she told me that it was a "crossed birth," and that she was compelled to use forcible means in order to save the mother's life, not at all expecting the infant to be born alive.

Upon examination I found the limb much swollen, marked deformity of thigh, and the child appearing very restless and uneasy, with slight fever. Could distinctly feel the fractured part at the junction of the middle and upper third, and observed a very perceptible mobility of the fragments. The length of the injured limb measured from the inside was 6½ inches, the sound one was 7 inches.

I applied a pasteboard splint, reaching from the trochanter major to the external malleolus, fastened by adhesive strips and a bandage. The only difficulty experienced was to keep the dressing dry, the constant discharge of urine and feces tending to an irritable chafing of the parts. This was remedied by frequent cleansing and the copious use of oxide of zinc. At the end of the second week the splint was removed, and perfect union the result. Upon measurement both the limbs proved to be of the same length, the internal malleoli corresponding exactly, although there was slight antero-posterior flexion of the united bone.

Saw the case one month afterwards, and the deformity was not perceptible.

PHILADELPHIA, 1521 PINE STREET.

Commencing Carbuncle arrested by the Application of Nitrate of Silver By B. F. Mebane, M. D., of Mebanesville, N. C.—I was called to see Mrs. E. W., who was suffering with the most excruciating burning pain from a large carbuncle on the inner portion of the thigh. It was very hard, of a blood-red colour, and about two inches in diameter. I moistened the inflamed surface with water, then took a stick of arg. nit. and applied it freely to the indurated and inflamed part. The patient complained for ten minutes very much of the burning from the application, and in fifteen minutes after the first application was entirely free from pain, and required no farther treatment. The relief was perfect.

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Abnormal Condition of the Umbilical Cord, Diminution in the Size of the Vessels, and Defective Nutrition of the Child. By A. ED. WILLIAMS, M. D., of Springboro, Crawford County, Pa.—Mrs. W., aged 21, primipara, had suffered during some months of gestation, with intermittent fever, attended with occasional attacks of the most distressing cephalalgia. The disease seemed unusually obstinate, notwithstanding the free and continued use of quinia. A chill occurred only a week prior to labour, which took place June 10th, and this was probably a few weeks before full time.

The head presented, and labour was in all respects satisfactory. The child, however, was very small, weak, and shrivelled, and vigorous efforts were necessary to establish respiration. The cord was double the ordinary size, very white and translucent, and of almost cartilaginous hardness, so much so that it was found necessary to dress it in the erect position. No fluid whatever exuded from the cut extremities, and the vessels were scarcely to be seen at all, so diminutive was their size. The placenta was apparently quite normal. The child was with difficulty kept breathing, and lived but 20 hours.

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Deaths from Chloroform.—In the "Boston Herald" (quoted in the May No. of the "American Journal of Dental Science") will be found the notes of a case of death from chloroform, administered for the extraction of twelve teeth. The patient, Mrs. Bradford Toote, of Sheffield, had partly recovered consciousness after the operation when she suddenly seemed to

choke, and died in a few moments in the dentist's office, at Great Bonnington, Mass.

In the mortality reports of deaths in the city of Boston, for the week ending April 9th, is one of a man, aged 65, who died "during inhalation of chloroform at Deer Island."—Bost. Med. and Surg. Journ., April 14, 1870.

FOREIGN INTELLIGENCE.

Physiological Action of Carbonic Acid.—At his last lecture, Dr. RICHARDSON took for his subject some new and curious points relating to the physiological action of carbonic acid. After briefly describing the chief physiological facts ascertained since the discovery of carbonic acid as a product of the respiratory process by the illustrious Black, the lecturer proceeded to illustrate the effect of carbonic acid on animal and vegetable fluids. He said that his friend, the eminent chemist, Dr. F. Versmann, in studying the manufacture of some medicinal waters, had found, much to his annoyance, that when carbonic acid, with a little soda, was brought into contact under pressure with some vegetable infusions, the gas was fixed to a large extent, and the infusion was quickly transformed into a thick glairy fluid. Some infusion of orange and gentian treated in this manner was shown; the liquid was beautifully transparent, but glairy and thick, and, when transferred from one vessel to another, it turned out in a mass like albumen. The observation suggested to Dr. Richardson the importance of experimental inquiry as to the influence of carbonic acid on animal fluids, on the mucous secretions of the air-passages, on albumen, on serum, on solution of muscle, on fibrine, on blood, on blood-corpuscles, on bile, milk, and other animal secretions. He now showed some of his results, especially those relating to the precipitation of colloids. Albumen was shown as precipitated from serum, fibrine from a solution of muscular fibrine, and fibrine from solution in blood. Next it was demonstrated that the blood-corpuscles by exerting a condensing effect on the acid, prevented it by their presence from precipitating the colloids; and lastly, it was demonstrated that freshly drawn defibrinated blood, subjected to carbonic acid under pressure, while it was rendered very dark by the process, on being exposed to the air at 60° Fahr., gave up the acid and seized oxygen in place of it with such avidity that a surface of blood a foot square was changed almost instantaneously from deep-black into bright-red arterial blood. Thus, the lecturer reasoned, carbonic acid on the blood side of the pulmonary vesicular surface is as important a necessity for respiration as is oxygen on the air side. Such are a few of the simple but interesting points of this lecture, of which we need say no more now, since in due course it will appear in our columns in full.—Med. Times and Gazette, May 21, 1870.

Subcutaneous Division of the Neck of the Thigh-Bone within the Capsular Ligament.—Mr. WM. ADAMS exhibited to the Medical Society of London a man upon whom he had successfully performed the operation of subcutaneous division of the neck of the thigh-bone within the capsular ligament, for extreme deformity, with bony anchylosis of the hip-joint. The man, L. B., was twenty-four years of age, and the contraction of the hip-joint took place after an attack of rheumatic fever, seven years ago last June. That the case was one of bony anchylosis was proved by the failure of forcible extension under chloroform, when considerable force was used on three successive occasions.

On the 1st Dec. 1869, Mr. Adams divided the neck of the thigh-bone subcutaneously within the capsular ligament, using a long tenotomy knife and a narrow subcutaneous saw with 1^1 inch cutting edge. After the section of the bone, it was necessary to divide the tendon of the long head of the rectus and of the adductor longus muscles, and to cut through the tensor vaginæ femoris muscle before the leg could be brought into a straight line, and the limb was then bandaged to a long straight splint as a retentive apparatus. The details of the operation were described, and the instruments exhibited to the society. The operation was performed at the Great Northern Hospital. No swelling, redness or deep suppuration followed the operation, but the wound was slow in healing.

On the 7th December, the house-surgeon, Mr. Willis, reports: "The dressing removed for the first time to-day. A few drops of pus only escaped from the superficial wound. There is no deep suppuration going on. The superficial wound

dressed with carbolic lotion, one part in forty."

Mr. Willis further reports:—

"Dec. 13. The splint was removed altogether to-day. He can draw the leg up almost as well as the sound one, and has very fair motion of the hip-joint.

"Dec. 22d. Going on well. No febrile symptoms or deep suppuration going on. The superficial wound nearly healed. There never has been more than two or three drops of pus on the lint in the morning. Collodion and castor oil applied to-day instead of carbolic-acid lotion. He got up to day for the first time, just three weeks since the operation."

For a fortnight from this date Mr. Adams allowed and encouraged free motion; but, finding that this could not be maintained, and that the limb decidedly began to stiffen, Mr. Adams determined to abandon all idea of obtaining motion, and endeavoured to procure bony anchylosis with the limb in a straight position. The man was ordered to keep to his bed, and the limb to be maintained in a straight position by an extending weight of three pounds suspended over the end of the bed. After being kept in this position for three weeks, the divided neck of the femur seemed to be firmly anchylosed; and on the 24th of January, 1870, he was discharged and transferred to the Royal Orthopædic Hospital, where he still remains. From this date to the present time the recumbent position has generally been maintained with an extending weight, but daily exercise has been permitted, according to the inclination of the patient, two crutches being used at first, and one or two sticks afterwards substituted for them. At the present time he does not require more than one stick, and walks about a good deal every day. He can walk across the ward without a stick or any assistance whatever, but has not sufficient confidence in the limb to do more than this.

He exhibited his power in walking about the room without his stick, and Mr. Adams promised to record the progress of the case when the society reassembled in October next. The success up to the present time seemed to be complete, and there appeared to be every prospect of the man recovering a sound and useful limb.—Lancet, May 28, 1870.

Paralysis of the Bladder.—Dr. Van Holsbeck has employed with success electricity in paralysis of the bladder. He introduces an instrument into the bladder, and another into the rectum, connects them with the poles of an ordinary machine, and allows the continuous current to pass for a quarter of an hour. In seven sittings he has cured paralysis which resisted all other remedies.—Med. Press and Circular, May 11, 1870.

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Treatment of Eczema.—Dr. Kent Spender, of Bath, has found blackwash useful as an application in eczema rubrum of the legs, mixed with a tenth part by measure of glycerine. Linen rags are soaked in this and laid on the parts, and kept in situ by a bandage, but no oiled silk used. He renews the dressings twice daily, wetting them with warm water before removal. He has recently almost always been successful in such cases by this plan.—Med. Press and Circular, April 13, 1870.

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Mercurial Suppositories in Constitutional Syphilis.—Professor Lebert states (*Berlin. klin. Wochenschrift*, April 4) that he has of late had such success in the employment of these that he is desirous of calling attention to their value. They are formed by mixing mercurial ointment with butter of cocoa and white wax so as to obtain a convenient consistence.—Med. Times and Gaz., May 21, 1870.

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New Instrument for the Operation of Fistula in Ano.—In a recent case of operation, at the Royal Free Hospital, for fistula in ano, instead of the usual plan of introducing the bistoury through the fistula and bringing it down through the sphincter, Mr. Weeden Cooke used a scissors constructed for him by Messrs. Weiss. The finger having been introduced into the rectum as a guide Mr. Cooke passed one blade of the scissors into the fistula up to its extreme point, and then the other blade into the rectum. The two blades were then connected by a small screw, and by one rapid scissors action the sphincter was divided.

As the position required for this operation renders it unadvisable to give chloroform, and as the patient, unless very carefully held by assistants, often shrinks so

as greatly to embarrass the surgeon, any plan which insures rapidity is advantageous, and it is with this view that the mode of operation described has been suggested. It was thought that it caused less pain than the bistoury.—Lancet, June 4, 1870.

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The Antiseptic System in Surgery.—At a recent meeting of the Medical Society of Berlin, the leading surgeons of that city recorded their experience of the carbolic acid treatment of wounds and injuries. Professor Bardeleben stated that, in two hundred and forty-one cases then in hospital, the success of this treatment was fully confirmed. Fifty of these were serious cases; and three of them were compound fractures, which, but for Lister's method, must have been amputated. He had found very good results and less irritation from the use of sulpho-carbolate of zinc, as employed by Mr. Wood of King's College Hospital. Professor Langenbeck stated that, although at first he had the greatest distrust of Lister's method, yet two years' experience of it has now so convinced him of its utility, that hardly any operation was now performed in his clinic without the use of carbolic acid. He also had recently two compound fractures of the leg, which, according to still prevailing doctrines, should have been amputated, but had both run a favourable course under the carbolic acid treatment. Professor Lister, commenting on this discussion in the current number of the "Edinburgh Medical Journal," observes that the "poisonous action" with which M. Bardeleben has met in one of ten cases has not occurred at all in his own practice since lac-plaster was substituted for the paste. The local irritation complained of he ascribes to the omission of the use of a "protective" to guard the wound from the direct action of the acid.—British Med. Journ., May 28, 1870.

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Results of Operations with and without Chloroform.—Professor Simonin, of Nantes, read a paper at the meeting of Delegates of Learned Societies, recently held in Paris, detailing the results of his thirty-four years of practice in the same hospital with respect to the great operations, distinguishing those performed prior to, and those subsequent to, the introduction of chloroform. The operations were 250 in number. Of these the results in amputation and he[illegible] are as follows: Amputation of the th[illegible] without anæsthetics 7, with 4 deaths, 57 per cent.; with anæsthetics 23, and deaths, or 35 per cent. Amputations of leg 11, and 5 deaths, without anæsthe[illegible] or 45 per cent.; and 14, with 3 deaths, 21 per cent., with them. Strangulated he[illegible] nia, 25 operations and 9 deaths (36 per ce[illegible] without, and 10 operations with one de[illegible] or 10 per cent., with anæsthetics.—Medi[illegible] Times and Gazette, May 14, 1870.

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Anæsthetic Mixture.—M. Sauer, a s[illegible] geon-dentist of Berlin, after having p[illegible] formed various comparative experime[illegible] with anæsthetic substances, has come the conclusion that the very best is a m[illegible] ture of protoxide of nitrogen, chlorofo[illegible] and atmospheric air. He considers t[illegible] compound to be free from the dan[illegible] attendant on the use of either chlorof[illegible] or the protoxide alone. The proporti[illegible] which he advocates and employs are t[illegible] following: liquid chloroform, six gramm[illegible] atmospheric air, three-quarters of a lit[illegible] and protoxide of nitrogen, sixteen litre[illegible] Lancet, May 21, 1870.

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Death from Chloroform.—A case of [illegible] occurred at University College Hospi[illegible] May 3d last. The subject of it was a m[illegible] æt. 42, suffering from stricture and stone the bladder. Clover's apparatus was use[illegible] containing thirty minims of chloroform each thousand cubic inches of air. In fi[illegible] or six minutes the patient was insensib[illegible] and began to breath stertorously. As [illegible] sound was being introduced the man's pu[illegible] suddenly became extinct, and the face [illegible] and pale as in epilepsy. Sylvester's me[illegible] of artificial respiration was put in force twenty minutes, and galvanism was ap[illegible] over the heart; but the man did not re[illegible] The heart was found to be loaded wi[illegible] and, under the microscope, a large qu[illegible] of interstitial fat was seen.—Brit. Journ., May 14, 1870.

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Suppression of Pain after Operat[illegible] At the last meeting of the I[illegible] Academy, M. Sedillot submitted on "The Suppression of Pain after[illegible] tions." He observed that a pati[illegible] undergo an operation in a state of insensibility, but a state of sufferi[illegible] his arousing from this condition

ould be our object to avert. Opiates, frigerants, chloral, etc., have been tried ith this object without attaining it. The arious kinds of cauterization render trau- atic surfaces insensible and exempt from :cidents. The actual cautery effects this, at the rapidity with which it cools, and the perficial character of its action, much re- ricts its employment. M. Nélaton tried ie gas cautery, but the eschars this pro- uces are too superficial, and the same may e said of those induced by a flame of oxy- en and hydrogen experimented on by M. édillot. Of all measures of this kind the lectric cautery, as perfected by the late 'rof. Middledorpff, of Breslau, is the best nd most certain. The degree of heat can e instantly varied as desired, rendered inter- nittent or continuous, and directed into the leepest cavities, or employed for the division f every description of tissues. To prevent oss of blood, it must be employed at a white heat, taking care to divide or destroy the tissues with extreme slowness. In this way M. Sédillot has performed numerous operations without loss of blood, and with great success. Burns, he observes, of the third degree cause but little pain; and he has seen persons mortally burnt preserving for several days their appetite and sleep and hopes of cure. This absence of suffering in the severest burns is explained by the de truction of the nerves. And in the same ay the electric cautery renders the wound causes insensible, so that persons operated pon by its agency under chloroform expe- ence on awakening no suffering. Later, a period varying from the third to the ath day, an inflammatory reaction is set ; but it is generally very slight, fever her being entirely wanting or soon cens- .—Medical Times and Gazette, May 14, 70.

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Chloral on Antidote of Strychnia.—In a mmunication to the last issue of the harmaceutical Journal," Mr. Groves, Weymouth, narrates his experience on a important subject. He says: "A large uniel picked up some bread-and-butter it had been prepared with Battle's killer the destruction of mice, and ate an un- tain quantity of it. The first intimation I d was the dog's being seized with violent anic spasms. I at once attempted to ad- inister an emetic of tartarized antimony, t succeeded in getting her to swallow not ore than three grains, which had no im- mediate effect. At 3.30, the dog appa- rently dying, it occurred to me to try chlo- ral. A solution was prepared of one drachm of the hydrate in one ounce of water, and of this a teaspoonful was administered every few minutes when an opportunity presented itself. Doubtless not less than a third part was wasted, as the least excit- ment brought on a violent spasm. The odour of chloroform was soon apparent in the dog's breath, and a manifest improvement was simultaneously observed in the less ri- gid condition of the body generally. After half an hour her state had so much improved that I considered her cured. Such, how- ever, was not the case, for the spasms soon after returned, but with mitigated severity. I therefore administered half a drachm more of the hydrate in the same manner as before, and with the same results. Two hours after the first dose of chloral all symptoms of tetanus had disappeared, the dog appearing a little drowsy and fatigued, but not sufficiently so to cause sleep. Not- withstanding that not less than one drachm of pure hydrate of chloral had been taken, she did not show the slightest tendency to coma. As soon as she was well enough to run about the emetic took effect, relieving her stomach of a considerable quantity of half digested food. At 12 P.M. her pups were allowed to suckle, and, strange to say, no injurious results to them followed."— Med. Press and Circular, May 18, 1870.

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Manganese in Blood and Milk.—A me- moir has just been read at the Royal Aca- demy of Sciences of Italy, by Professor Polucci, announcing a great discovery. It is the constant presence of manganese in the human blood. In more than twenty ana- lyses of the blood of persons of different sexes, professions, health, and tempera- ments, there was always found a certain proportion of manganese.

One of the consequences of this fact is that the metal ought to be also found in milk. Submitted to experiment this de- duction is entirely confirmed. In thirty- four analyses of milk, twenty-three of which were human, four from the cow, and four from the goat, the presence of manganese was constantly observed.—Med. Press and Circular, May 18, 1870.

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Smallpox; Vaccination.—Smallpox has prevailed extensively in Paris lately, and there being a great scarcity of the Jenne-

rian virus, recourse was had to heifers for the virus. The result has been most unsatisfactory, and animal vaccination has fallen into entire discredit there. Dr. Baudry, in an article in *L'Union Médicale*, 29th March, 1870, calls attention to the fact that the Jennerian virus did not originate in the cow but in the horse, and that the disease was communicated from the latter to the former animal, and, after passing through its system, was used by Jenner as a protection against smallpox. He strongly urges the propriety of seeking in the horse for the virus, and after causing it to pass through the system of the cow it should then be transferred to the human system. This would undoubtedly furnish us with the true Jennerian virus. The virus obtained from the vesicles of a cow, inoculated with smallpox, is probably altogether a different virus.

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Smallpox in Paris.—The rule laid down by M. Besnier (see preceding No., p. 94) that smallpox always prevails most extensively in winter, and that it abates in the spring, and still more in summer, has not been verified. On the contrary, during the spring and summer the disease has increased during the latter periods in Paris. In this city the mortality from the disease during the week ending May 21st was 195, and during the following week ending May 28th was 215. All the quarters of Paris have been more or less severely visited; but those which have undergone the most cruel ravages are the 10th, 11th, 12th, 17th, 18th, 19th, and 20th arrondissements, namely, the more densely and poorly populated districts. The disease does not confine its attacks to the poorer classes, however; the wealthier circles of the Parisian population have paid a large tribute to the mortality; and among those who are now suffering from the malady I may just mention the names of the Duke de Caumont-Laforce, and of Prince de la Tour d'Auvergne, former ambassador to London. A few days ago one of the children of Prince Napoleon was hurried away to Mentone, as he presented symptoms which threatened an attack of the disease.

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Liebig on Fermentation.—An important paper by Baron Liebig was laid before the Bavarian Academy of Sciences a short time ago, and is to be found in the January number of the "Annalen der Chemie und Pharmacie." According to commonly received doctrines fermentation is a vital act, the transformation of grape sugar into alcohol and carbonic acid being a part of the development of the yeast plant. Though commonly ascribed to Pasteur, who is its most prominent supporter, this theory is, in reality, an old one, having been enunciated with the utmost distinctness before Pasteur's time. In opposition to it Liebig brings forward the following formidable objection: The yeast plant consists in a great part of highly nitrogenized material, containing, moreover, sulphur and an appreciable amount of phosphates. Now, the yeast plant will bring about fermentation even in a pure solution of sugar. The yeast plant cannot grow when it is not supplied with nitrogenous matter and phosphates; therefore the transformation of sugar into alcohol and carbonic acid cannot be a part of the growth of the plant, and must be due to something else.

In order to exhibit the utter inadequacy of amount of growth of the yeast plant to admit of fermentation being looked upon as a part of that development, Liebig quotes one of Pasteur's experiments. 9999 milligrammes of sugar were fully decomposed by the action of a very little yeast, and after the termination of the fermentation the quantity of yeast plant was weighed, and found to be 152 milligrammes. Of these 152 milligrammes less than 30 milligrammes consisted of cellulose. Liebig asks, are we to regard the assimilation of this 30 milligrammes of cellulose as the reason of the conversion of 9869 milligrammes of sugar into carbonic acid and alcohol?

Yeast is capable of causing a breaking-up of malate of lime into carbonic acid, carbonate, acetate, and succinate of lime. A number of other chemical transformations are also affected by the action of yeast upon various organic substances.

Liebig's theory of fermentation is that it is a purely chemical or physico-chemical process. The breaking up of sugar into carbonic acid and alcohol he places side by side with the decomposition of anhydrous acetic acid into acetone and carbonic acid (a change brought about by heat), and with the change of an aqueous solution of cyanogen gas into oxamide, which is brought about by the action of the merest trace of aldehyde.

Just as the vibration produced by the aldehyds determines the rearrangement of the atoms of cyanogen and water so as to constitute oxamide, so Liebig regards the rearrangement of the atoms of sugar as the result of a vibration produced by the chemical changes which take place in some unstable substance produced by the yeast plant. The growth of the yeast plant is, according to this idea, only remotely connected with the process of fermentation. We quote the following passage from Liebig's paper:—

"It is possible that the physiological process stands in no other relation to the process of fermentation than that, by means of it, a substance is formed in the living cell, which, by an action peculiar to it—resembling that of emulsin on salicin or amygdalin—determines the decomposition of sugar and other organic atoms. In such a case the physiological action would be necessary for the production of this substance, but would be otherwise unconnected with the fermentation properly so called."

In harmony with this view, Liebig finds that the "washings" of yeast (which contain no yeast plant) have the property of instantly converting cane-sugar into grape sugar. And, holding to his theory, he anticipates that other very alterable complex substances, besides products of the yeast plant, will be found to possess the property of setting up that vibration which rearranges grape-sugar into alcohol and carbonic acid, and which we call the process of alcoholic fermentation.

In a footnote Liebig calls the attention of chemists to Schunck's observations on the peculiar ferment occurring in madder, and which seems to possess the property in question.—Med Times and Gaz., Feb. 26, 1870.

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Chemistry of Entire Wheat Flour.—A great deal has been stated of late relative to the importance, in a dietetic point of view, of consuming the entire wheat grain, in place of that which is now commonly used. The reason given, as is well known, is that the branny parts of the grain contain the earthy salts, which go to form bone in particular, and the cerealin, or peculiar body which changes starchy matter into dextrine Whilst we have, on more than one occasion, commended the use of entire wheat flour, and condemned that of mere starchy compounds, especially in the case of the young, we have counselled the subtlest pulverization of the branny portion of the grain, so that its irritant qualities may be destroyed, and appealed to the chemist for a more complete analysis of the entire wheat flour, and particularly of the latter after it has undergone the ordinary process of cooking or roasting, so as to determine the changes undergone through the agency of the cerealin, and in the cerealin itself. Professor Attfield has just made a careful analysis of Chapman and Co.'s wheat flour, and supplied us with the information we needed. He finds that this flour, *au naturel*, contains 15.2 per cent. of moisture, 14.1 of gluten, 1 62 of phosphates, and 1.91 of cerealin. By the application of heat, as in gentle roasting, a portion of the natural moisture escapes, and the starch is in part changed. The amount of moisture is 10.8 per cent., of the gluten 15, of phosphates 1.65, and cerealin 1.2, in the roasted flour, which, in fact, is richer in flesh-and bone-forming substance than before. Moreover—and this is a most important fact—six-tenths of the cerealin remains in the soluble state, to act as the digestor of starchy foods taken into the stomach with it. It was especially as regards the state of the cerealin in cooked flour that we needed information. The fine ground flour of the entire wheat grain is proved, therefore, to be altogether the most desirable for general consumption, and we hope it will take the place of the purely starchy compounds now in use, both in the case of children and of adults.—Lancet, April 2, 1870.

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Injections of Liqueur de Villate in Carious Bone.—M. Nélaton employs (Union Méd., May 31) the following modification of the above liquid as an injection to be thrown into the fistulous tracts connected with carious bone: Acetic acid 100, sulphate of copper and sulphate of zinc of each 10, and acetate of lead 5 parts. There is a considerable precipitate, so that the solution requires shaking before employing it.—Med. Times and Gaz., June 11, 1870.

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Obituary Record.—Died, at Leeds, June 1st, 1870, aged 61, after a short illness, Thomas Nunneley, F.R.S., one of the most eminent provincial surgeons of England, and the leading surgeon, occulist, and medical jurist of Leeds.

At Paris, May 27th, 1870, Dr. Joseph Alexander Auzias-Turenne, aged 59.

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CLINICAL LECTURE.

ical Lecture on two cases of Pneu- , complicated by Nephritis. By IELD JONES, M. D., Physician to St. s Hospital.

S., æt. twenty-four years, a painter, d a cough for three years or more. weeks before admission he was taken hivering, pain in the chest, and dysp- vith increase of cough. Since then become much worse, with increase latter two symptoms. The date of inal commencement of pneumonia in se appeared uncertain. Usually it is ied from the rigor; but as this had ed three weeks before his admission, ardly probable that the lung inflam- n, which was still extending on admis- had existed all this time. The site of eumonia, and its limited extent at first, ll as the subsequent spread, indicate its recent origin. Thus, on the first day, here were found at the lower part of the right lung posteriorly bronchial breathing, bronchophony, and dulness on percussion; higher up the breathing was good, but it was weak universally in the left lung. On the following day the lips were parched, the tongue furred, the sputa scanty and rusty, and the physical signs indicated that the hepatization had extended nearly to the spine of the scapula, while at the left base the vesicular murmur was to some extent replaced by small crepitation.

On the fourth day the hepatization was lessening in the right lung. On the fifth moist râle was heard at the base. On the sixth the bronchial breathing had disappeared. On the seventh the temperature was falling, as was the pulse; but on the eighth both were still febrile (pulse 105, and temperature 100.4°), and the same on the ninth day. On the eighth both lungs were free, with the exception of some crepitations

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at the right base. On the tenth the pulse and temperature were normal, and the disease may be said to have come to an end. This summary shows positively that the inflammatory exudation was in great measure reabsorbed before the pyrexia ceased.

An important complication observed on the third day was nephritis in a well-marked form, evidenced by the deep-coloured, smoky appearance of the urine, which deposited a considerable amount of brownish sediment, consisting of red globules, brownish pigment, granular pigmentary casts, larger non-granular fibrinous casts, and a slight amount of albumen. Indeed, it presented precisely the same characters as in cases of nephritis after scarlatina; but there was no history of any such recent affection, and though the point was not specially investigated, it seemed to Dr. Handfield Jones very unlikely that, had the patient suffered from this malady, he would not have mentioned it. On the first day nothing was given but a saline diuretic; the intention being to see how the disease would act if left pretty well alone. The next day six leeches were obliged to be put on to relieve the pain in the right side and back. Ipecacuanha and opium were given freely. The third day his pain was relieved, but his respiration was more frequent, and the state of the urine, as well as his general condition, made it clear that tonic medication was urgently needed. The solution of muriate of iron was administered pretty freely, and it seems not doubtful that it acted very beneficially. It told, however, much more on the local changes than on the general pyrexia. In seventy-two hours after it was first taken, the left lung, which had been in some measure involved, was quite free, and the right was clearing up rapidly, bronchial breathing having ceased, and crepitatio redux being heard all over the back; also the urine had become nearly natural; but the temperature and the pulse were still high—103.4° and 116 respectively. The intention with which the iron was administered was to sustain the flagging force of the heart's action, and to contract the dilated arterioles and capillaries in the inflamed lung and kidneys, and so diminish the hyperæmia which supplied the exudation. These objects it accomplished very well, but it seemed at the same time to render the expectoration more difficult, especially at the upper right front, where special uneasiness was felt. The salutary effect of the drug in such cases was in some measure paralysed by the action of the kidneys. The diet was generous, and six ounces of brandy were ordered at the same time as the perchloride of iron.

The second case is that of H. M., aged twenty-five, a baker. He was taken ill at 3 A. M. of the day of admission, after working all night. He was habitually much exposed to alternations of heat and cold. His first symptom was pain in the left side of a sharp character. Shivering came on at 4 A. M., while he was out, and lasted an hour and a half. On admission in the forenoon his temperature was 103°; his pulse some hours later 117, large and soft. Eight leeches were applied to the seat of pain. On auscultation Dr. Handfield Jones found no positive evidence of morbid action; the breathing was fairly good throughout the right lung, at the left posterior base it was weak and imperfect, but at the seat of pain only some roughening of the breath-sound could be heard. The expectoration was markedly blood-tinged. A linseed poultice was applied to the left side, and a draught, consisting of ipecacuanha, opium, and nitrous ether in acetate of ammonia solution, was ordered. On the following day the pulse was 135, excited and rather tense; the temperature 104°; urine dark-coloured, with a dark sediment consisting of renal particles, and short, wide distinctly pigmental casts of a specific gravity of 1013, and not albuminous, or only very slightly so. The addition of five grains of nitrate of potash to the draught was ordered, and four ounces of brandy. On the third day there was only slight pain on cough, and the expectoration was muco-watery, and but little stained; the pulse 126, weak; temperature 104 8°. The urine was of very dark colour, and highly albuminous. The air entered into the right lung tolerably well posteriorly, and on the left side it entered very feebly and imperfectly, only some obscure râle being audible. Twenty minims of the muriate of iron solution every three hours were now ordered. From that time the pulse improved, and on the second day the temperature began to decline, while the urine gradually resumed its normal characters; but the cough became hard and remained troublesome. Four days after the administration of the iron the pulse was full and weak; the temperature 97.9°; the left side was free from pain; the urine quite clear and light coloured; and the patient ate

ll. The next day the urine was free from umen, and the resonance and breathing d on both sides posteriorly, though the iration was rather prolonged at the right e. He continued to make a good re- ery and shortly left the hospital. With ard to the albuminuria he affirmed that had not been in the way of scarlet fever; certainly on admission presented no es of sore-throat or of eruption.

his man's illness extended over about days, reckoning from its commencement he time when defervescence was com- e. The temperature was declining two s before it reached its lowest point; sub- uently it rose a little. The lung affec- was more marked by general signs than physical, but there is no doubt that ritis of the left side existed, as well as siderable congestion of that lung, though ual hepatization does not seem to have urred. The renal inflammation seems ave set in together with the pulmonary, both terminated nearly at the same ie. It seems most probable that they a common cause. How far the earlier t of the treatment was beneficial is not ar. It is noteworthy that consolidation the lung did not occur, and that the py- ial period was of short duration. In any e, Dr. Jones believed it was a prudent liminary to the administration of iron, ich in the form of the ammonio-chloride certainly to all appearance of much ser- e, just as it so frequently is in cases of latinal dropsy.—Lancet, July 2, 1870.

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Clinical Lecture on Cases of Successful eatment of Uterine Catarrh by Internal plication of Carbolic Acid. By W. AYFAIR, M. D., Physician to King's llege Hospital.

n a large proportion of old standing cases uterine catarrh it is hopeless to expect a manent cure by any means which do not directly on the seat of the disease, which the lining membrane of the cavity of uterus and cervical canal beyond the ernal os; accompanied, of course, with ondary morbid states of the body of the rus and cervix, such as hypertrophy, gestion, &c. Rest, applications to the erior of the cervix, and general treatment l unquestionably cause a temporary im- vement, but on a recurrence to the old its of life all the old symptoms return ere are serious objections to intra-uterine injections, unless the os is first dilated with laminaria tents, as they are apt to bring on se- vere uterine colics. By means of fine probes of whalebone or flexible metal, round which a thin film of fine cotton-wool is wrapped, al- terative applications can readily be made to the interior of the uterus, without pain or danger. In the very numerous cases in which this plan of treatment has been carried out, in no single instance has anything but the greatest benefit accrued. It is no doubt ad- visable to select the cases judiciously, and where there is much uterine tenderness, intra-uterine treatment should be postponed until this has been diminished by rest, leech- ing, &c.; but with proper precautions the treatment is perfectly safe. A concentrated solution of carbolic acid, eighty parts to twenty of water, is used; and it acts so well that for a long time nothing else has been employed. After the first application the discharge is sometimes increased, but after the second or third it is generally greatly diminished, and a single application is often sufficient to cure superficial erosions of the cervix. As a rule, there is no difficulty in passing the probes, as in true uterine catarrh the os is invariably patulous. As the case improves the patulous state of the os dimin- ishes, and this is found to be one of the most certain signs of improvement.

The following cases are selected, not be- cause they present any peculiar features, but because each of them had been assidu- ously treated for lengthened periods by the ordinary methods employed, and without permanent relief, while they were rapidly cured as soon as the true seat of disease was attacked.

Mrs. P., aged thirty-three, was the mother of four children, the youngest of whom was six years of age. Ever since the birth of her last child she had suffered from uterine diseases, the prominent symptoms being constant bearing-down pain which entirely incapacitated her for work, and a very profuse leucorrhœal discharge of a transparent gelatinous character. The lat- ter was steadily increasing, and she became now thin and cachectic. The menstrual flow was irregular, scanty and very painful. The uterus was large and tender on pres- sure; the cervix greatly hypertrophied, and covered with a villous erosion, which bled on being touched. The leucorrhœal dis- charge was seen to issue freely from the os uteri. During six months the patient had

attended the out-patient department of a metropolitan hospital, and during two months she had been treated generally, with occasional applications of tincture of iodine to the cervix. Her general health improved somewhat, but the uterine symptoms did not become much better, while the discharge continued unabated. She was then treated by the intra-uterine application of carbolic acid once a week, along with the application of iodized cotton and glycerine to the cervix. After the third application the discharge was much diminished, and the erosion of the cervix almost healed. In four months the patient was perfectly well; the uterus being of normal size, and the uterine leucorrhœa having entirely disappeared. She has since remained perfectly well in every respect.

M., aged twenty-six, domestic servant, had suffered from uterine disease for four years, with constant pain, and the discharge was so profuse that it ran freely from her, and incapaciated her for work. She had, on two occasions, been an in-door patient in a metropolitan hospital for several months, gaining only temporary relief. On examination the uterus was seen to be large and heavy, the cervix greatly eroded, and the os patulous, admitting the sound with ease. A glairy discharge was pouring out abundantly. After the fifth intra-uterine application of carbolic acid, the discharge, which had continued unabated for four years, almost entirely ceased. There remained neither pain nor bearing down. The patient was able to walk a good distance, and carry weights without inconvenience, for the first time since the onset of her illness. She had gained in flesh and general health.

Mrs. K., aged twenty six, the mother of four children, had suffered greatly for three years from uterine disease, and had undergone a variety of treatment, including repeated leeching of uterus, and the application of potassa fusa to the cervix, without any permanent relief. She was entirely unable to walk, in consequence of bearing down pain and profuse leucorrhœal discharge. The menstrual flow was irregular and scanty. On examination, the uterus and cervix were both greatly hypertrophied. The latter was softened, and covered with granular erosion, which bled on being touched. Much glairy discharge exuded from the os. The uterus was anteverted, and the cervix exposed with difficulty. A band of adhesion was felt in the direction of the right broad ligament—probably the remains of an old attack of parametritis. There was, however, no swelling or tenderness on pressure in that situation.

The carbolic-acid treatment was then commenced, and from the very patulous condition of the os the probes could be passed with great ease. An immediate improvement commenced. In two months the uterus and cervix were much diminished in size, the discharge lessened, and the patient was able to walk about with ease, and to attend to her duties. In six months she was perfectly well, and the probes could no longer be passed through the os, which had resumed its natural dimensions.—Lancet, July 2, 1870.

HOSPITAL NOTES AND GLEANINGS.

Aneurism of Innominate Artery successfully treated by Ice and Rest.—On May 5th we had the pleasure of attending Mr. Coote's visit to certain of his wards, and as some of the cases were of unusual interest it may be well to give brief notes of these. The case which most attracted our attention was one of innominate aneurism in Henry VII. ward. The patient, a man aged about 30, was admitted on November 9th, 1869, having noticed some swelling in the right side of the root of the neck for three weeks only. He could not attribute it to any blow or strain, nor had he been out of health, but the swelling once noticed increased so rapidly that when he came into the hospital the man was nearly suffocated by it and suffered from excessive pain about the right shoulder and behind the ears. The tumour itself was reported at this time to be the size of a large orange, very prominent, thin-walled and with violent pulsation, so that it felt as if on the point of bursting. The man was at once put to bed and kept at perfect rest. A blister was applied over the swelling and afterwards it was painted with iodine, without any notable effect.

Early in December a bladder of ice was applied over the aneurism, and this treatment has been constantly kept up since, except during the night, when the melting and replenishing of the ice disturbed the man's sleep too much. For a long while perfect rest was maintained, but free meat diet was permitted from the first, and the aneurism made marvellous progress towards

covery. He could not raise his hand on admission, but he now pulls himself up in bed easily with the right hand. There is no obvious prominence, and although one still detects a considerably extended area of impulse, yet this is quite quiet, and the manipulation gives no pain. The radial pulsation at the wrist is small, but quite perceptible, and when asked how he feels the man describes himself as "Fine. Eats hearty, sleeps well, and no pain." The ice-bladder is still worn, although the diet just now is somewhat modified on account of an attack of orchitis which has declared itself during the past few days.—Med. Times and Gaz., June 11, 1870.

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Treatment of Various Cases by Irrigation, at St. Mary's Hospital.—Mr. Haynes Walton has during the last two years, been treating various cases admitted under his charge by the old-fashioned method of irrigation. The cases were the result of various kinds of accidents, and consisted of compound fractures, lacerated wounds, amputations, etc.; but all coincided in this respect, that sloughing and very extensive suppuration were to be expected in all. Irrigation is described and strongly recommended in all works on the principles of surgery; but, owing to the great difficulty of rigging up, at a short notice, any apparatus that will be thoroughly effective, and yet not cause the patient discomfort by wetting the bed, it is not nearly so much used in hospital practice as it ought to be. The apparatus spoken of in most books, while perfectly efficient as to the manner in which the water is to be kept dropping on the affected limb, does not provide for the complete conveyance away of the fluid after it has done its duty and passed over the limb. It is to this that Mr. Walton has directed his attention and an apparatus may now be seen in use at St. Mary's Hospital, which answers the purpose perfectly. For this perfected apparatus, Mr. Walton is indebted to his friend Mr. Greenway, of Plymouth, who has done so much to improve surgical appliances. For description here, it is enough to say that the limb is swung from a cradle on a sort of a tray, which collects the water as it drips on the limb from above, and discharges it by a waste pipe into a vessel which can be placed under the bed. A macintosh placed under the tray prevents all chance of the bed being wet. The following good results have been attained by irrigation. Water, by constantly passing over suppurating wounds, carries away all offensive discharges, and no smell or accumulation of pus occurs. The freedom from smell and the rapid removal of foul discharge cannot but be beneficial to the patient. The elevated temperature of the inflamed part is lowered, and this is not only grateful to the patient, but, by preventing congestion, inflammation, and the consequent strangulation of the parts, prevents also the destructive cellulitis which usually follows injuries as those to be described. A direct saving is accomplished by the fact that no poultices are needed; one piece of lint to cover the wound being all the dressing required daily. To the water may be added a weak solution of carbolic acid; but this is often dispensed with.—Brit. Med. Journ., June 18, 1870.

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Disinfectant Treatment of Operation Wounds.—Two or three cases of amputation of the thigh called for some comment upon the "disinfectant treatment of operation wounds." Mr. Coote stated that he was firmly opposed to the germ theory of disease, and cared little for putrefaction in wounds. His invariable method of dressing the wound after amputation is to insert two or three metallic sutures, support the flaps by broad straps between these, apply dry lint over the wound and bandage the stump up. It is left in this state for four or five days, and then, on removing the dressings, there is usually some putrefaction somewhere; but the greater part of the flaps are often already firmly united, and there is seldom much trouble afterwards. Thread ligatures Mr. Coote considers "the most harmless little things in the world."—Med. Times and Gaz., June 11, 1870.

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Hysterical Malingering.—The two following cases, treated in the Kent and Canterbury Hospital, illustrate some points in connection with this. In one of them, the patient, then a girl, was, twenty years ago, the subject of wide-spread popular interest, on account of her supposed existence without food. Her imposture was, however, detected; and she ultimately gave up fasting, and is now quite fat. In illustration of the sequel of these cases, we may add that, although it is believed that the girl never had any organic disease whatever, she still keeps her bed; and that from long disuse,

her joints have become contracted. For the following further account of the case and of the mode in which the cure was accomplished we are indebted to Mr. Andrews, of Canterbury, under whose care the patient now is.

"When I came to Canterbury in 1850, I found the girl among the parish cases, with 'scrofula' entered as the malady from which she was suffering. She was lying with her knees drawn up, so as to have ample room in a child's cot for her length. She had a running of watery matter from under one or both knees, as if the skin had chafed at the contact of the thigh and leg. I could see nothing else the matter with her. She was always moaning or making a peevish noise when I went, and had her head muffled up in some finery and frills to her cap, so as to hide nearly all her face. Her mother always said she never ate nor drank anything, and had not done so for over twelve months. She would suck fruit, her mother said, and spit out all the pulp; and that was all the nourishment she would own to her taking. She said she never had an evacuation from the bowels, and but very seldom from the bladder, and then in very small quantity. I simply did not believe her, and looked on it as a morbid state of mind requiring sympathy. The mother being, in my mind, the impostor, I used to see the girl regularly, and gradually got her to chat and leave off some of her finery, by bantering her. She has learnt to play chess, and is a very fair player. She does a great deal of embroidery, crochet, and tatting work; and is quite a woman of the world, although bedridden from her legs being cramped up so long. In her first illness, she was attended by one of the hospital surgeons, and perhaps made rather too much of. She can now eat or drink anything; is a good-looking woman; suffers from indigestion occasionally, with headache and constipation; but has good health generally, and is stout and strong."

The second case was one in which a girl who kept her bed presented symptoms of vesical irritation, and voided a great number of fleshy masses, coated with blood and calcareous deposit. Subsequently, she began to pass portions of stone, which were identified as flint. It was also ascertained that the fleshy substances consisted of portions of the sound of a fish. The girl was at the time confined to her bed, and was under the care of a physician. This case occurred in 1854. We were informed that the girl subsequently recovered and desisted from her attempts at deception; but that she recently died of cancer of the bladder.—*Brit. Med. Journ.*, June 18, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Smallpox and the Protective Powers of Vaccination in the City of Providence. Dr. EDWIN M. SNOW, the very intelligent and efficient superintendent of health of the city of Providence in a late report (1869) to the Board of Aldermen, states some facts of the most conclusive character as regards this subject, and which are of the greatest interest at the present time.

He states "the experience of the last few months affords a remarkable illustration of the effects of preventive measures in this disease, and also furnishes a complete refutation of the idea, often promulgated by those ignorant of the subject, that vaccination had lost its protective power against smallpox.

"Within the last six months, ending with this date, the smallpox has appeared in the city at four different times, and in four different localities."

As to the protective power of vaccination, he says "we often see statements in the public papers, that vaccination has lost its protective power against smallpox, that it has run out, implying that the vaccine virus has lost, either in kind or in degree, some of the properties that it possessed when first discovered. On account of an unusual prevalence of smallpox, during the last fall and winter, in California as well as in Chicago, St. Louis, and other of our midland cities, these statements in the newspapers have been more frequent than usual. It is probable that there are many persons in the community who are inclined to believe them, or, at least, who think that there is some foundation for them. And yet there is not one particle of truth in them. The character and properties of vaccine virus are as perfect, and its protective power against smallpox is as certain and effectual, in Providence, to-day, as it was when discovered by Jenner.

"*The proof of this* is seen, *first*, in the character and effects of the vaccine vi

itself; and *second*, in the results of its application in the community."

He further adds: "In Providence during the past winter, smallpox has been stopped four different times, *by vaccination*. No one can believe that if there had been no protective power in vaccination, the disease could have been arrested under the circumstances in which it appeared. But there is more direct and positive proof than this, of the protective power of vaccination at the present time.

"During this present month of April, 1869, I have had a case of smallpox in a family where there were three persons wholly unprotected, and one other person with only partial protection. I vaccinated them all, and though they remained in the family, and went freely in and out of the room with the smallpox, until recovery, not one of them had the slightest symptoms of the disease. Was there any evidence of a weakened protective power of vaccination in that case? And yet, during this same time, an article appeared in one of our daily papers taking the ground that vaccination had lost its protective power against smallpox. But this is no exceptional case. I have had scores of similar cases during the last fourteen years.

"It may be assumed, positively, that the remarkable exemption from smallpox, enjoyed by this city during the last fourteen years, as already described, has been wholly owing to the protective power of vaccination.

"The following facts, from the experience of the past fourteen years, furnish additional evidence upon this subject:—

"During the fourteen years, nearly, July, 1855, to April, 1869, ten thousand four hundred and sixty-four (10,464) persons have been vaccinated in my office. Very many more, of course, have been vaccinated, in the same time, by other physicians in the city.

"During the same fourteen years, I have myself given certificates of vaccination to sixteen thousand three hundred and thirty-two (16,332) children to enter the public schools. Probably nine-tenths of these certificates were given by me, solely from the evidence furnished by the vaccination scar, and because I had full faith in the protection furnished by vaccination against the smallpox. Now note the result!

"During these same fourteen years I have known of nearly every case of smallpox in Providence, and have visited the greater portion of them myself, and I have never, during this time, seen or heard of a single case of smallpox in any scholar in the public schools, who had received a vaccination certificate. These facts certainly seem to prove that vaccination has not lost its protective power."

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Heifer Vaccination.—It is stated that Dr. MARTIN, of Boston, has obtained permission to import, free of duty, four heifers from France, for purposes of procuring virus for vaccination. This heifer virus, we have good reasons for believing, is entirely ineffectual as a protection from smallpox. The evidence that such is the case seems proved by the results of trial with it in Paris during the recent epidemic of smallpox, as stated in our previous No., p. 110. If the vaccine virus has been deteriorated, we must recur to the Jennerian virus, the source of which we noticed above.

In connection with this subject we may quote the following statement which shows how nearly one may come to a great discovery without having the discernment to know it or to apply their observations to a useful purpose:—

Mr. Rolph, in a letter to Dr. Beddoes (appendix to a translation of Gimbernat's new method of operating for femoral hernia), states: "With a view to secure a family where the natural smallpox was apprehended, he inoculated, among others, a man who never received the infection, though the operation was repeatedly performed with undiluted matter, and though he was for days exposed to contagion from living in the same room with a man who died of the disease.

"It is worthy of remark that this man had some years before a complaint incident to cows, and commonly called the cowpox; a malady more unpleasant than dangerous. It is generally received by contact in milking. In the *human species* the complaint is sometimes local; at other times absorbtion takes place, and the glands in the course of the absorbents become indurated and painful. When this is the case, I have learned from my own observation and the testimony of some old practitioners, that susceptibility to the smallpox is destroyed. Some advantage may in time be derived from this fact."

It seems amazing that Mr. Rolph did not turn these observations to a useful purpose, but leave it to Jenner to immortalize himself by so doing.

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Hydrate of Chloral in the Treatment of Cerebro-spinal meningitis.—Dr. A. Patton, of Vincennes, Ind., calls attention ("Indiana Journ. Med.," July, 1870) to the hydrate of chloral in cerebro-spinal meningitis, though the theoretical considerations which he adduces in favour of it may not be well founded, still, the practice may be efficacious. He says that he has employed the chloral in four well-marked cases of cerebro-spinal meningitis. This treatment "for the first four days in all the cases was hydrate of chloral in from ten to forty grain doses every two hours, dissolved in water or simple syrup. The uniform effect of the medicine in all the cases was to produce complete relaxation of the muscles, promptly relieving the tetanic contractions of the muscles of the back, etc. A quiet, refreshing sleep was substituted for the restlessness and delirium. The pain in the head and muscles was relieved as well as the nausea and vomiting. The hyperæsthesia of the surface gave place to a partial anæsthesia, and in all the cases the most formidable symptoms yielded in less than twenty-four hours. But in two of the cases an irritative fever was developed, which continued three and four weeks. All recovered without any unpleasant sequelæ, except the loss of an eye by one. The treatment for the secondary fever was aconite and iodide of potass. These were all little girls from six to fourteen years of age, and that three of them were saved by this remedy I feel certain. But whether or not the medicine will control this most formidable disease in strong vigorous men, is yet to be determined by future experiments."

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[*Excision of the Os Calcis.*—The following note was intended for insertion in the July number of the American Journal of the Medical Sciences, but being crowded out we give it a place here in order to afford Dr. Burrall the earliest opportunity to offer his desired explanation in regard to his paper on excision of the os calcis.—Ed.]

New York, April 17, 1870, 26 West 11th St.

Isaac Hays, M. D., *Dear Sir:* In a favourable review of my article on "excision of the os calcis" which was in the "Bellevue and Charity Reports," and noticed in the Journal of the Medical Sciences ult., the reviewer states in conclu

"This paper (which has evid prepared with a good deal of c fill a gap in surgical literature been *anticipated* by the very memoir of M. Polaillon, which lished in the numbers of the Générales de Médecine for Sept October, 1869, and of which a br appeared in the quarterly summ Journal for January, 1870, pp. 5

I write this by way of expla my article was handed in for p as is known by Professor J. E several months previously to t ance of M. Polaillon's excellen but owing to the unfortunate de preparation of the reports, it ha cently been published.

Very respectfully
F. A. Burrall

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Analysis of Hair Tonics and tives.—The following are the r tained by Prof. C. F. Chandler analyses of fifteen so-called hair restoratives.

Clark's Distilled Restorative f the Hair,	
Chevalier's Life for the Hair,	
Circassian Hair Rejuvenator,	
Ayer's Hair Vigor,	
Wood's Hair Restorative,	
O'Brien's Hair Restorative America,	
Gray's Celebrated Hair Restor tive,	
Phalon's Vitalia,	
Ring's Vegetable Ambrosia,	
Mrs. S. A. Allen's World's Ha Restorer,	
L. Knittels' Indian Hair Tc nique,	
Hall's Vegetable Sicilian Ha Renewer,	
Tebbetts' Physiological Hai Regenerator,	
Martha Washington Hair Restc rative,	
Singer's Hair Restorativo,	

OBITUARY RECORD.—Died suddenly, in Paris, July 5th, CHARLES A. POPE, M. D., formerly Professor of Surgery in St. Louis Medical College. Dr. P. was devoted to his profession, and was one of the most skilful and esteemed surgeons of the Mississippi Valley, and generally beloved for his kindness of heart and great benevolence.

—— in Cincinnati, June 3d, LANDON C. RIVES, M. D., in the 80th year of his age. Dr. R. had some years since retired from practice, but he was for a long period one of the leading physicians of Cincinnati, and occupied a professorial chair.

FOREIGN INTELLIGENCE.

Entire loss of Speech; the Sequence of Typhoid Fever. By J. WARING-CURRAN.—The following case is a very interesting one, and the loss of speech a very unusual consequence of typhoid fever.

J. C., a husbandman, was seized with typhoid fever, which ran the ordinary course. During his illness, three of his children, his brother-in-law, and his wife, became infected with the disease also. The children were the first to become ill. There was nothing unusual in the symptoms of any except the daughter, a fine intelligent girl, aged seven years, whom I had previously known, having had occasion to visit professionally at her father's house.

The fever commenced with her in the usual way. She expressed herself suffering from the ordinary symptoms; but on the seventh day of the fever her speech left her entirely. She lay like a statue, taking food and medicine when offered her, putting out her tongue when requested, and making signs when she required the urinary apparatus in the night chair—a striking contrast to the delirious condition of, and impatience evinced by, those in the same house suffering from the same disease. At one time she became perfectly unconscious, and remained in that state five days, opening her mouth for food as a young bird in a nest will, if I may be permitted to use the *simile*, without any attempt of elevating the eyelids. The fever ran its usual course, and on the twenty-first day she had a favourable crisis. It is now three weeks since then; the girl is rapidly recovering her strength; possesses all her faculties; the sense of taste, hearing, feeling, and smell; but there is no sign of speech returning to her. When she desires to respond in the affirmative the mouth is widely opened; when in the negative the lips are contracted. She can smile, and is at times sorrowful; *but no human sound of any kind can escape her.* She is more mute than the most dumb patient I have ever seen. What a contrast! Six weeks ago the girl possessed all her faculties—was liberal of speech, and I believe, for I have myself heard her speak, expressed herself with a clear, a distinct, and unhesitating utterance. The poor child seems at times to feel acutely the heavy affliction which has befallen her.

Another medical gentleman has seen the girl with me on several occasions, and we are unable to account for this distressing complication. There is no paralysis, no symptoms of cerebral mischief, no wasting of any of the muscles, nothing unusual to be observed about the throat or tongue. The girl eats well, digests her food freely, and sleeps well. There is perfect power in all the limbs.

Everything has been done that science or art could suggest to restore the voice, but without success. Bored with the question "Shall she recover her speech?" we have hoped against hope, and we prevaricated with the expectation that as the girl grew stronger the power which she is deprived of would be returned her, but of this there is no sign, and I fear little hope of our best wishes being ever realized.

The case recorded demonstrates, however simple a disease typhoid fever may appear to be, how complicated it may become at times, how disastrous it may prove itself by causing afflictions like the present, which no art can modify, or method of treatment remedy.

P. S.—Since the foregoing was written (three weeks ago), for I intended before publishing the case to see what the lapse of a little time longer might effect, I regret to say, although my patient is in every respect well, her speech has not been restored to her; nor has she made *the least vocal sound.* A nurse well known to me, has been in constant attendance at the house for five weeks, and she would not deceive me. There are no symptoms of localized paralysis, nor other cerebral mischief of any kind.—Medical Press and Circular, June 22, 1870.

Crisis from Fever by Salivation.—Mr. J. Waring-Curran relates (Med. Press and Circular, June 22,) a very unusual case of this.

E. J. D., a fine healthy boy of eleven years of age, was seized with typhoid fever in common with six other members of the family. With the rest he battled most favourably against the fever until the day of crisis arrived, when the saliva began to trickle from his mouth. I paid little attention to the circumstances, knowing that he had not a particle of mercury throughout his illness. I gave him freely to drink of chlorate of potass water. In the course of a couple of days the symptoms became aggravated; the salivary glands were enormously swollen; the tongue protruded, and the saliva literally ran in a continuous stream from the angles of the mouth. Upon the fourth day after the symptoms commenced the teeth loosened, and he could not be restrained from removing them; left alone one afternoon, he extracted four teeth, and in the course of a few days several others. The head and face and neck at this stage were much swelled and œdematous. The boy could not move his lips, and it was with difficulty he could swallow; accordingly, we were forced to sustain him by nutritious enemata, of wine, beef-tea, and cream, with a little opium added. Although the interior of the mouth was mopped out several times a day abscesses soon formed, the stench from the discharge of which was intolerable, and the boy gradually got weaker—dying on the ninth day from the period of crisis taking place. The other members of the family recovered favourably, never once evincing a similar train of symptoms.

I saw the boy every day, and sometimes twice a day, throughout his illness, as there were six in the one house down at the same time, and one or two of them was always needing advice as is usual in such cases at such a time. Upon the morning of the twenty-first day of his fever, I found him going on favourably. He had slept a couple of hours, and the pulse appeared to have gone down in frequency, and the temperature of the body was lower; but having occasion to call in the evening the nurse directed my attention to the pillow case, being wet with the constant flow of saliva.

I never saw a better marked or a more severe example of salivation. There was an absence of the line on the gums indicative of mercurial salivation, but in every other respect the case resembled one of profuse salivation. It is very difficult to understand the cause of this form of crisis; that it was owing to reflex nervous agency there can be little doubt; but finding the youth collected, having had a couple of hours' refreshing sleep in the morning, and in the evening symptoms of salivation presenting, seems surprising. The teeth extracted were perfect and free from disease.

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Liniment in Fissure of Anus.—Dissolve one part of tannic acid in sixteen parts of glycerine. A piece of lint dipped in this solution should be introduced night and morning into the rectum. The bowels should be kept open. By means of this preparation M. Van Holsbek, its originator has succeeded in healing anal fissures which have resisted the division of the sphincter. —L'Union Médicale.

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Morphia Collodion.—Mix together one part of hydrochlorate of morphia and thirty parts of flexible collodion. The collodion is applied by means of a camel's-hair brush to the seat of neuralgic pains. Should these occur periodically, larger or smaller doses of the sulphate or the valerianate of quinia are to be given besides.—Ibid.

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Traumatic Tetanus.—Dr. Poma relates a third apparently desperate case of traumatic tetanus occurring in a woman, aged 19 which he succeeding in curing by large doses of quinia and laudanum, aided by chloroform friction. In the seventeen days of treatment 34 grammes of quinia, 25 of laudanum, and 75 of chloroform were employed.—Med. Times and Gaz., June 25, from Gazette Med. Lombarda, June 4, 1870.

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Dr. Dupuy relates (*L'Union Médicale de la Gironde*) a case of popliteal aneurism cured by forced flexion. The subject of it was a physician.

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Account of Dr. Beauperthuy's Treatment of Leprosy. By R. H. Bakewell, M. D., of Trinidad.—In redemption of the promise made to the public, and in accordance with the convention between Dr. Brassac, Dr. Beauperthuy, and myself, I now proceed to

lish the treatment employed by Dr. uperthuy for the cure of leprosy.

ly state of health prevents me from wing up any report at present of the cases vhich I have tried the treatment, but I state the results are so far perfectly sfactory, that the tubercules are entirely oved, the sensibility and power of move- it in paralyzed limbs are restored, and general health improved. I have had cases under treatment. The method Dr. Beauperthuy consists of:

irst. A nourishing and abundant diet; -fish or meat, and pork are prohibited rely; so are spirits; light wine (Bor- ux) is allowed in moderation to those ustomed to it. Fresh meat should be en every day.

econd. The patients should live in as lthy a locality as possible, and not in neighbourhood of marshes, etc. They required to sleep under musquito nets as to prevent the sting of insects, which tate and inflame the skin, and perhaps pagate the disease. Not more than two sons are to occupy the same room; and s better if each has a separate room.

Third. Internal remedies varying accord- to the condition of the patient are given. e principal one is bichloride of mercury corrosive sublimate in doses of one-fif- th of a grain twice a day. Dr Beau- huy has also lately been trying the t of alkalies. He is still engaged in stigation on this part of the treatment, this is the chief reason for not having e it public before. Quinia is given re fever occurs, and other remedies as sion may require.

ourth. To remove the tubercles and note exudation, the oil of cashew-nut le d'acajou) obtained by the spontaneous poration of an alcoholic tincture of the which must be well pounded in a stone wooden mortar before being exposed to the action of the alcohol. This is a most valuable application, acting slowly, but very powerfully.

Fifth. A strong solution of nitrate of silver and copper, made by dissolving silver coin in strong nitric acid, and mixing the nitrate thus obtained with an equal bulk of distilled water.[1]

Sixth. Frictions night and morning over the whole of the body with cocoanut oil.

Seventh. A bath with soap and water, taken before the frictions.

The above are employed in all cases. Where the feet are much affected, as the more caustic applications are inconvenient, Dr. Beauperthuy has employed with great benefit, baths of hot cocoanut oil, heated to 100° Fahr. These must only be employed under the direct supervision of an intelligent assistant with the thermometer in his hand, as of course the patient's sensations cannot be trusted to.

The above are the main points in Dr. Beauperthuy's treatment. I have only to add that it is advisable to try the caustic applications over but a small surface at first, as their effect will naturally vary somewhat, according to the constitution of the patient; and that it requires great firmness to resist the entreaties of the patients, after they have seen the effect of the first application, to have them made more frequently, and over a larger surface than is prudent.—Medical Times and Gaz., May 21, 1870.

Urine in Relapsing Fever.—Dr. Meymott Tidy has published six analyses of urine from patients affected with relapsing fever in the late epidemic. The patients were treated in the London Hospital, and were typical cases of the fever. We are not aware of any one having previously investigated the urine in this disease, and therefore quote Dr. Tidy's results:—

No.	Temp.	Sp. gr.	Total solid pr. 1000 gr.	Chlorides pr. 1000 gr.	Uric acid pr. 1000 gr.	Urea pr. 1000 gr.
1	99°	1024	45.8	—	—	9.8
2	106	1024.2	42.7	6.48(?)	10.8	18.8
3	101	1021.2	33.1	3.12	1.11	10.6
4	108	1016.8	30.3	1.14	0.48	13.2
5	99	1023.	32.2	2.68	0.83	9.64
6	107.5	1008.6	12.1	1.00	0.68	12.8

[1] This I have only employed to rouse the action of the skin where there had been anæsthesia four or five years. The oil of cashew-nut is what I have principally used. The nitrate of silver is never applied to the face.—R. H. B., May 11, 1870.

In the cases where the temperature is very high (Nos. 2, 4, and 6), the amount of urea is very large, and the chlorides correspondingly small, with one exception, where the chlorides seem to be present in a most unusual quantity.

In those cases where the examination showed a lower temperature (Nos. 1, 3, and 5), the urea is diminished in quantity, and the chlorides are increased.

The amount of uric acid is very variable, possibly differing according to the peculiarities of each case.—Medical Press and Circular, June 29, 1870.

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Penetration of Capillaries by Pigment Cells.—The wanderings or migrations of the white corpuscles, described by Cohnheim and Von Recklinhausen, from the interior of the vessels into the surrounding tissues, are now very generally, though by no means universally, admitted. * * *

An important piece of corroborative evidence in favour of the migratory view has recently been supplied by Dr. SAVIOTTI, of Turin. This observer being engaged in studying the inflammatory process in the web at the foot of the frog, first obtained a circumscribed spot of inflammation by means of a drop of collodion, and after a few days found the pigment cells of the irritated spot accumulated around the vessels in a contracted condition, and in the course of a short time that they had entirely disappeared. He immediately applied himself to the question of explaining the mode of their disappearance. In other frogs he excited inflammation by dropping on the web a small quantity of a 2 per cent. solution of sulphuric acid. Again, after a few days, he saw that the pigment cells had accumulated around the bloodvessels, and that, though they still preserved their contractility, their processes were less branched and numerous than natural. On further examination, he now observed that these processes began to penetrate the walls of the adjacent capillaries and small veins, causing an obstruction to the onward movement of the red corpuscles on their proximal side, while a clear space was observable on their distal side, occupied only by serum. And now one of two things occurred: either the process of the cell broke off, and was swept away by the blood current, or the whole cell gradually squeezed itself through the capillary wall (the part within the vessel becoming greatly attenuated and elongated) until it also was carri away. In the former case, the cell, sho of part of its substance, still remained o side the vessel; in the latter, it of cour disappeared entirely. As regards the tir occupied in these phenomena, Dr. Savio finds that the cell processes penetrate t vessels in a period varying from three to hours, and that it takes about the sa length of time for the whole cell to foll and to be washed away from the inter surface, to which it long remains adhere

These observations seem to us to be very great importance, as throwing light the phenomena of absorption. Hitherto, believe, the entrance of solid substan from without into the bloodvessels has o been noticed by Von Recklinhausen, these observations are of so precise a ch racter, and so easily capable of being repe ed, that we trust that they will stimul other observers to further inquiry.—Lanc May 28th, 1870.

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The Germ Theory.—The number of t Lancet for July 9th last contains the f lowing startling article:—

"It has been the lot of Professor TY DALL, by his lecture on Dust and Disease excite or to quicken in the public mind interest about a scientific problem of deepest importance, but of such a nat that, until then, its very conditions w known only to the scientific. It has sin been discussed, with more or less disp of ignorance of these conditions, by a la proportion of the general press. Amid beneath all this turmoil, and quite indep dently of it, the work of real investigat has been going on; and Dr. CHARLT BASTIAN has put forth, in *Nature*, wha perhaps the most important contribut yet made towards the solution of the gr question that really underlies all contro sies about germs. That question is, to termine whether there is any line of dem cation between animate and inanimate m ter—any essential difference between v and merely physical properties—any su thing as life except as the sum of acti depending upon forces that are strictly c relative with motion, and that, like hea light, are merely the expressions of the c version of motion under given conditio Dr. Bastian himself states the problem comparing the commencement of a low ganism to the commencement of a crys

and argues that we have no more reason to infer the pre-existence of a germ in one case than in the other. He details an elaborate series of experiments, seemingly performed with all due care, and showing, as far as they go, that low forms of life become developed in organic fluids without the presence of air, absolutely *in vacuo*, and in fluids that have been previously raised to temperatures that are universally admitted to be destructive to the vitality of all known germs. And not in organic fluids only, but in saline solutions, and in saline solutions containing no carbon, and in which that element has been replaced by silicon. Such results, when the experiments producing them have been properly repeated and tested by other observers, will go far to strike at the root of whole systems of thought that are at present cherished by large numbers of earnest people. And yet, as we have often had occasion to maintain, the doctrine of germs, and especially of the germinal origin of disease, almost requires the doctrine of spontaneous generation as its complement. A germinal theory may serve to explain the occasional rapid or extensive diffusion of epidemics; but it encounters overwhelming difficulties when called upon to explain their commencement. The facts of life point almost irresistibly to the conclusion that epidemic diseases may originate *de novo* from certain combinations of conditions; and it is hardly possible to believe that the germs of all past or present pestilences were coeval in their beginnings with the peopling of the earth by man; and yet, if not, and if these pestilences do indeed depend upon living and organic self-multiplying poisons, the doctrine of spontaneous generation would be at once established. The conditions which called such poisons into existence must be themselves capable of precise repetition; and the cause being present, the effect will surely follow. To our minds, this mode of considering the question gives to sanitary work a far higher aim, and a far more definite object, than it would otherwise possess; and points to the permanent maintenance of a high standard of physical or moral cleanliness as the only means of preserving a high standard of public health. We do not, of course, in any way pledge ourselves to the correctness of Dr. Bastian's conclusions; but we desire to call the attention of our readers to their importance, and to the original paper in which they may be found. Dr. Bastian has a work upon the subject in progress; and his papers in *Nature* may be regarded as pilot balloons, sent up to show him the directions in which his views will be criticized, and the nature of the attacks to which they will be subjected. We confess to a hope that they may hereafter be proved to be true. Their complete establishment would greatly simplify some of the most difficult problems by which life is beset; and would confer lasting fame upon an earnest and truth-seeking worker."

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Condensation of Combination of Carbon with Separation of Water, and their Importance in Plant Life.—Herr A. Kekulé, of Bonn, has discovered that common acetic aldehyde may pass over very easily, and even spontaneously, into crotonic aldehyde, which then yields the well-known crotonic acid. The transformation is easily understood by supposing that two molecules of the first aldehyde, by elimination of water are condensed into a single molecule, and this appears to be of very great importance in explaining the formation of substances richer in carbon, and more complicated, out of simpler ones. Herr Kekulé proposes to study and explain these processes more exactly; but in the mean time many speculations will arise out of them. Thus Herr Bäyer, of Berlin, has developed his views on plant-life and on fermentation. According to his explanation, sugar is not formed in plants, as has hitherto been supposed, by the splitting up of substances of complicated composition, but synthetically from carbonic acid and the products of their reduction, among which Herr Bäyer believes may be included methyl-aldehyde, discovered by Professor Hofmann. This aldehyde has the same composition as sugar, but a smaller molecular weight; and, by the union of several molecules of methyl-aldehyde, sugar might be produced. Herr Kekulé also believes this to be probable. In fermentation, Herr Bäyer thinks that, as a consequence of the internal movement which is a part of this process, an accumulation of oxygen takes place within the molecules of sugar, which results in its separation into alcohol and carbonic acid. The elimination and absorption of water in different ways, which the theory points out, appear to be processes of the greatest im-

portance in the changes of carbon-combinations in plants.—Med. Times and Gaz., July 9, 1870.

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Influence of Athletic Sports on Health.—Dr. FARQUHARSON read a paper on this subject before the Medical Society of London. Exercise, he considered, was necessary, not only to preserve the balance between body and mind, but to promote the functions of life. It might, however, be potent either for good or evil; and damage was often done by persons of sedentary habits indulging, without due preparation, in such exertions. Dr. Richardson had, in the "Social Science Review," drawn attention to the dangers of volunteering in this relation. The nervous system had, even in repose, a heavy strain to bear; and if to this any sudden addition were made, the destructive processes were apt to exceed those of repair. The influence of the mind was, however, necessary for beneficial exercise; and athletics seemed best to supply this combination. The Germans, French, and Americans were behind us in this respect. Dr. Farquharson then showed that muscular degeneration was the result of excessive, as well as of deficient work. It was not likely that such results would follow our present system of sports; but there was reason to fear the danger of their being carried too far in our public schools, and thus checking mental progress, and dulling the clearness and sharpness of the brain. He next referred to the sports in detail. Rowing had been condemned by Mr Skey and Dr Richardson; but Dr. Farquharson endeavoured to show that, from the great care exercised in picking and training crews, boating was less dangerous than these eminent authorities supposed. Gymnastics must be cautiously used when the frame was consolidated. Our public school boys or university men required valuable moral as well as physical training. It was argued that if the education of girls was eventually to be assimilated to that of men, they must also graduate in manly sports. In the treatment of the insane active employment was most beneficial. An interesting letter from Dr. Langdon Down was read, showing the remarkable results which had obtained with idiots at Earlswood Asylum. As regarded the proper dose of exercise every one must be his own physician under ordinary circumstances; but Dr. Farquharson believed that he h seen cases of irritable heart improved b moderate amount, and quoted a case by l Stokes in which relief from violent card dyspnœa was only obtained by runni While serving in the Coldstream Guar he had met with several cases of dila heart in recruits from over-exertion. condemned running; cricket he conside harmless. As to football, Dr. Farquh son's experience had been derived fr Rugby; and, although the game was parently played there with great violen an accurate list of the casualties during past two years showed that it was com ratively harmless. One case of seri injury to the spine had occurred, and ste were taken to remove the apparently o jectionable features of the game. It w not unreasonable to suppose that, althou permanently serious results did not of follow that game of football in which ball was carried by the player, necessi ing falls on the head and injury to the spi the sharpness and clearness of the m must be blunted; and he quoted the nion of an eminent educational autho to this effect.—Brit. Med. Journ., Jan. 1870.

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Influence of the Sewing Machine Health.—M. DECAISNE, who has paid m attention to this subject, presented a moir to the Académie de Médecine on Sewing Machine, which is summed up these conclusions: 1. The effects on muscular system differ in nowise from th of all excessive muscular exertion of ce of the limbs, to the exclusion of the oth They are not produced at all in women work only two or three hours a day, generally disappear after a while in th who work longer. 2. While admitting all excessive labour in women is a po ful cause of disturbance of the diges organs, the sewing machine cannot accused of especially causing disor which are met with in sixteen out of tw women pursuing all varieties of callin Paris. 3. Certain affections of the resp tory organs as, for example, dyspn are met with just as frequently in wo employing the needle as the sewing chine. 4. The noise and trepidation o instrument produce slight disorder of nervous system at first, but the wo soon become accustomed to them, and then produce no injurious effect.

careful inquiry has also convinced him that women employing the sewing machine are, *cæteris paribus*, not more liable than any other workwomen to metrorrhagia, abortion, leucorrhœa, or peritonitis, the facts which have been adduced in evidence being simple coincidences or the results of excessive labour. 6. Supposing even that some of the reproaches to the machine were well founded, they would be of no great importance in face of the constantly increasing employment of steam and other motor powers. 7. As regards those machines still set in motion by women, those with isochronous pedals are preferable to those with alternating pedals. 8. In fine, M. Decaisne is of opinion that the machine, when employed within reasonable limits, and without fatiguing the worker, as is too often done, is not attended with any more inconvenience for the health than working at the needle. In proof of this, he states that he has found it impossible to discover in twenty-eight women, from 18 to 40 years of age, and working from three to four hours a day, any ill effect whatever attributable to the machine.—Med. Times and Gaz., July 9, 1870.

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Smallpox in London.—It is stated (Lancet, July 9th, 1870) that this disease is on the increase all over London. More cases have been taken into the smallpox hospital in the last half year than in the whole of 1869. The respective numbers were 525 in the last half year, and 405 in 1869. This is ascribed to the neglect of vaccination.

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University of Edinburgh.—Dr. Alexander Simpson has been elected to the chair of midwifery in this school, rendered vacant by the death of his uncle, Sir James Y. Simpson.

This election it would seem from our late English journals has given great dissatisfaction, the claims of his competitors, Dr. J. Matthews Duncan and Dr. Keiller, especially those of the former being considered much greater.

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Improved Method of Plugging or Stopping Teeth.—Mr. Napier read a paper on this subject before the Medical Society of London, and exhibited some specimens in which the cavities caused by decay were severally filled up with hippopotamus ivory, mother-of-pearl, and India-rubber, vulcanized to the consistence of ebony. Mr. Napier desires to obviate the necessity for using metal in any form for stopping teeth, and read this paper with a view to prove the importance of the object he advocated. He argues that one of the principal causes of chronic inflammation in teeth that have been stopped according to the method now in general use, is that metal is a readier conductor of heat and cold than the natural substance of which a tooth is composed. The improvements he advocated would benefit both operator and patient.—Lancet, May 28th, 1870.

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Succedaneum of Quinia.—M. Pavia, an Italian professor of chemistry, has isolated, from the leaves and roots of boxwood, an alkaloid which he calls bussine. This substance has been tried in the treatment of marsh fever by several physicans in Italy, and with success at the rate of 75 per cent., quinia generally 80 per cent. of cures. It should be mentioned that, in several cases, gastric uneasiness, pyrosis, thirst, sickness, giddiness, and tinnitus aurium were complained of.—Lancet, May 28th, 1870.

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Obituary Record.—Died, June 29th, aged 81 years, Sir James Clark, Bart. K. C. B., Physician in Ordinary to the Queen of England. For the last ten years he had retired from the active duties of his profession, but still continued to perform some of his court duties. Sir James was one of the Nestors of the profession, and enjoyed eminent esteem, which was fairly won by a career of great usefulness, by his entire freedom from selfishness and ambition, his love of justice, and his singularly simple and unassuming manners. His influence with the Queen was always exerted for the advantage of the profession and with acknowledged good judgment.

—In Edinburgh, June 29th, aged 71, James Syme, Esq., F. R. S. E., &c., late Regius Professor of Clinical Surgery in the University of Edinburgh. Mr. S. held a first rank among British surgeons. He was a cool and most skilful operator, possessed great power in diagnosis, and his name is associated with some of the most remarkable operations on record.

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This is a superb edition of a work which is now classical and standard. It is unnecessary to say that it is pre-eminent among all works on the subject. Comprehensive as were the previous editions, the present one has been greatly enlarged, and with the judicious and valuable additions of the American editor, constitutes in itself a sufficient encyclopædia of surgical science and art. It has been remodelled and whole chapters rewritten. Many of the old wood-cuts have been withdrawn, and nearly a hundred new ones of greater value introduced.—*Chicago Medical Journal*, Oct 1869.

We believe it to be generally admitted that no single work, either American or foreign, pertaining to the principles and practice of surgery, has been so universally received with favor as this of Professor Erichsen. For ourselves, we may be permitted to say, that for the last ten years we have been in the constant habit of referring to "Erichsen," when beset by doubts and difficulties in the management of our surgical cases; and owing to the completeness of the work in details relating to the pathology, diagnosis, and treatment of the affections falling within the domain of surgery, we have seldom failed of obtaining the information sought.—*Western Journal of Medicine*, Dec. 1869.

In the recent republication in this country of the last London edition of "Erichsen's Surgery" the practitioner and student are supplied with a guide and text-book which apparently leaves nothing to be desired. Full and complete in every essential particular, and inculcating the most advanced and correct modes of practice, it is certain to come into very general use. The additions of Dr. Ashhurst, though not extensive, are to the point; they relate chiefly to items of American practice.—*The Journal of Psychological Medicine*, Jan. 1870.

A noble volume, to review which would require an analysis of the whole domain of modern surgery. Within its comprehensive compass will be found every detail of information which is needed by the practical surgeon.—*N. Y. Med. Gazette*, Oct. 23, 1869.

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Enough of the old structure remains, however, to give to the work a familiar look to its early friends, with many of whom it deservedly holds a high place among elementary books on chemistry. Its comparative fulness of detail and general simplicity of style render it convenient and attractive as a book of reference for both teachers and students, especially medical students; while for the purposes of a drill book in class-room instructions, its very fulness is a bar to its usefulness for that purpose. In the hands of an expert teacher, however, who is master of the science, it is an admirable book, and equally so to the student who wishes faithfully to review the teachings of the chemical lecture-room.—*Silliman's Journal*, Nov. 1869.

This tenth edition, with its complete revision, makes it, in our judgment, the best work for the medical man now extant. Organic chemistry and animal chemistry, as applied to medicine, are particularly treated in the volume before us, which make the work of especial value to the physician.—*Leavenworth Med. Journal*, Dec. 1869.

The amount of matter condensed into this small volume is almost wonderful. It is pre-eminently the text-book for the student and practitioner, and will, of course, achieve a large success and wide popularity.—*Chicago Med. Journal*, Oct. 1869.

HENRY C. LEA, Philadelphia.

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VIII. SEPTEMBER, 1870. No. 333.

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CLINICS.

CLINICAL LECTURE.

l Lecture on Abscess in different
. By FREDERICK C. SKEY, Esq.,
g Surgeon to St. Bartholomew's
etc.

is no disease more universal than
nd none that demands from the
learer pathologic views, and the
tion of which will afford you mate-
nuch profitable reflection. It is
ecessary to define an abscess. It
tion of pus contained in a sac or
may be preceded in its formation
sit of solid lymph, greater or less
ude; or an abscess may form with-
ous indication of its existence.
mples are not infrequently found
skin, and in various parts of the
llowing diseases which exert an
depressing influence on the sys-
h as fever, dysentery, phthisis, &c. This latter variety is invariably the product of extreme debility. Now, is this purulent deposit in the tissues of the body the result, as is too often supposed, of real inflammation—that is, of an active hyperæmia—or not? Assuredly it is not. It is associated with, and, more than that, it is the product of, a weak condition of the arterial system, and necessarily of all the vital powers. You will find the pulse, when the disease is extensive, weak; for, even if full and large in calibre, it is readily compressed. I wish you especially to recognize this feature in the formation and progress of simple abscess; the indications of weakness being, of course, greater when the abscess is large. The greater the debility the larger the abscess, and the slower its progress towards maturity and recovery.

You will naturally infer, then, that all abscesses occurring spontaneously, or rather without external and obvious causes, demand treatment by tonics and stimulants,

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o case is this periodical sent unless the subscription is paid in advance.

and of such I select especially bark and wine. There is no remedy in the Pharmacopœia so potent in producing suppurative action as bark, and of all forms the simple tincture is the most efficient, in full doses of two or three drachms diluted with water. By the term suppurative action, I understand the conversion or breaking down of a mass of lymph, itself quite incapable of removal by the absorbents, into fluid pus—in fact, into abscess.

There is no form of abscess more illustrative of these truths than the disease when situated in the mammary gland, on which I have so often spoken in this theatre. It appears in weakly constitutions following long and severe confinements with loss of blood, or a low and innutritious diet, erroneously supposed to act as a preventive to inflammation, which, in truth, it actually fosters.

I speak of common *mammary abscess*, which appears at varying periods after confinement, in its first stage of deposit of lymph, when occupying a greater or less portion of the entire gland. Now let me assure you that we have no means within the circle of our present knowledge of obtaining the absorption of this solid mass or throwing it back on the constitution. Neither iodine, nor leeches, nor fomentations, nor purgatives, or other supposed remedies confidently proposed by young medical men, who, unfortunately observe little, and think less, are at all available to good. Yet you are aware that they are the agents which two-thirds of you at least would resort to; I am sure of this, for I am told so at every college examination. Pray understand the absolute impossibility of getting rid of this once deposited mass by the means alluded to, and which you are all prepared to adopt. I will not go so far as to say it may not be at least partially dissipated by absorption, but not by your means.

The proportion of the deposit that may be absorbed depends on the stage it has arrived at. If much advanced it will pass on almost entirely into suppuration. It has already entered on that of suppurative action; it will not remain stationary, and it must advance; but whether its progress towards its necessary consummation be slow or rapid, depends on your treatment. I say, in all abscess give bark freely, and generally wine; and the larger quantity of each that your patient can bear, the earlier will this solid mass break down in the centre and form a li abscess, which, when matured, and not fore, should be freely laid open with knife. If the deposit be recent, and disease treated early on this sound pri ple, a portion of the mass will be taker by the absorbents, indicated by the dis portionate quantity of pus to the large n that has produced it.

Perineal abscess often presents itse the form of a small, rounded, hard tum by the side of the urethra in the perine of about the size of a marble. What you may suppose, or have been told to contrary, it will answer, in my opinion useful purpose to adopt, in this form, other treatment except that I have rec mended to you in the case of mamn abscess. I do not consider it at all ne sary to the true pathology of this dise that it should be based on any lesion of urethra. It is not necessarily, nor by means invariably, the result of urine i trated into the cellular tissue. It results f irritation conveyed to this tissue by the or abuse of instruments employed in treatment of stricture, real or suppo When pus is thoroughly formed—and a great object of treatment to attain this as early as possible—do not open the c of the urethra, if urine does not pass thro the wound. Should it do so there w appear to be even less necessity for extension or the incision.

It is not always an easy diagnosis to de mine whether fluid about the *knee-j* is within the cavity of the articulatio without it. As a rule the diagnosi readily attained in these cases. You tell me that when the fluid extends the patella, the disease consists of abs around the joint; and when the patell raised, and is pushed up by fluid undern it, the collection is within the articulat That is all very true. But in many c the fluid, although confined to the join not sufficient in quantity to raise the pat and therefore you cannot always depen that particular evidence; and in the o case, in which, consequent on the gre tenacity and closer adhesion of the int ments to the fibrous tissue upon the pat I have seen several examples of what I l called the horse-shoe abscess around knee—viz: when the matter has trave round three sides of the patella wit extending over it. Such cases are

deceptive. In forming your opinion—and a correct judgment is often indispensable to the recovery of your patient—you would, of course, place your greatest reliance on the local examination by the hand, and, this proving insufficient, weigh deliberately the evidence in favor of one or the other locality. If the fluid be in the joint, it may be a more serious affection, and the constitution takes cognizance of it as such. If external, probably the formation of abscess has been preceded by some local injury of a superficial kind, involving the cellular tissue, and in which the condition of the skin itself may add its testimony.

I now come to abscess on a larger scale. *Abdominal abscess* presents itself in the form of a large tumour, occupying the lower part of the abdominal walls, and commonly extending from the ilium towards the mesial line of the abdomen. The size is sometimes immense. It is firm, solid, and unyielding on pressure, but not very painful. I have known it on several occasions to be mistaken for malignant disease. It will remain stationary for a long period, and when it breaks down into pus, the fluid will extend in various directions, backwards towards the loins, almost invariably along the course of the femoral vessels to the extent of four or six inches; while it occasionally breaks its way through the sacro-ischiatic foramen, and forms an immense tumour on the gluteal region. This disease may be said to place life itself in jeopardy, not merely from its magnitude, but from the depressed condition of the system that produces it. In this feature it resembles carbuncle. I will tell you briefly some few particulars of the first case I ever saw. It occurred to a gentleman of advancing age, who first detected the disease while on a journey in Wales. He consulted a surgeon, who reported to his family that his disease was malignant. He consulted a second authority in the west of England, who echoed the opinion of the former gentleman, and advised his immediate return to London. I saw him in consultation with his friend, the late Dr. Rigby, on the day following. Other medical men were present. My reason for entertaining a doubt as to the malignant nature of the disease was based on the fact of its very recent appearance, which seemed to me fatal to the supposition of malignancy. I considered it a prospective abscess, and I gave him bark and good nourishing diet, with wine. In the course of ten days the swelling increased largely, and I thought I felt fluctuation. In the presence of several medical men, and in the confidence of my opinion, I punctured the tumour through the abdominal wall; nothing but blood followed the puncture! I then ordered brandy in place of wine, and turtle soup, and a thoroughly animal diet. In four days I again punctured freely, and evacuated about eighteen ounces of healthy pus. He recovered in a month.

In March last I saw a gentleman, aged seventy-five, with a large tumour in the abdomen, occupying the right side, and extending from the iliac fossa. I was told by the family medical attendant that his patient was the subject of malignant disease, that he had been visited by two eminent physicians (and they were both men of deserved eminence), who had pronounced his case hopeless from this cause. With some difficulty, I convinced his medical attendant that the great probability was in favour of abscess; and with his concurrence, I gave him large doses of bark, and about a pint and a half of port wine daily. Within one week, at least one-third of the abdomen was swollen and red, and the hand readily detected large fluctuation of pus, of which fact my colleague was as convinced as I was; but his family objected to an operation, and the poor gentleman carried his abscess to his grave. His attendant nurses were confined to the members of his family, and belonged to the amateur class. Such nursing is not very infrequently fatal to life.

Among the more formidable varieties of abscess, none are more serious than abscess resulting from cellulitis of the tissues within the pelvis, especially when following parturition in weakly women. These are cases which test the courage as well as the knowledge of the surgeon, for matter penned up within the recesses of the body in this complicated region must have exit. *Pelvic abscess* may occur independently of parturition, or during its progress. It is attended by local pain of a severe character, which is aggravated by digital examination. Tenderness on pressure strengthens the suspicion of pent-up matter. An examination per vaginam or per rectum detects either obvious or obscure fluctuation. Unless an early exit to this matter be made, the disease will extend throughout the sub-

peritoneal coat of the uterus, bladder, and rectum. I have known one case in which this cellular inflammation, commencing in the tissue around the rectum, and into which the abscess actually burst, extended upwards around the uterus and bladder, and burst at the umbilicus. I have seen several cases in which the matter made its way through the sacro-ischiatic foramen, and presented along the line of the ischiatic nerve. Whenever the presence of pus is detected, and indeed whenever it is on good evidence even suspected, an exploring needle should be resorted to, followed, if required, by a good-sized chain trocar with its curved canula. In severe cases, nothing short of following up the examination whenever and wherever the presence of matter is indicated by local pain can afford a reasonable prospect of recovery. If, on examination by the rectum, a large collection of pus is detected, and when confirmed on examination per vaginam, a free incision by the side of the rectum through the perineum is more readily executed, and will afford a freer exit to the matter than puncture by means of a trocar through the walls either of the vagina or rectum.—Lancet, July 23d and 30th, 1870.

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Case of Chorea, with Clinical Remarks. By Dr. Wilks.

Charlotte P., æt. 17, was admitted into Guy's Hospital March 16, 1870, with chorea. She had always had good health; never had rheumatism. Four months ago, a brother of the patient's died. She was a good deal alarmed at the sight of the body, and was afraid to sleep in the house until after the funeral; after this she was observed to be silly and knock herself about; she would fall down whilst walking and strike herself against the furniture. During the three weeks before admission, she became rapidly worse, and could only talk with difficulty. She had been in a country infirmary, and was said to have been discharged incurable. She was a well-developed girl; had choreic movements of all parts of the body, the limbs being thrown about. She was scarcely able to articulate, and her answers were foolish and without reference to the question asked. She was quite unable to stand. The heart sounds were normal. She was ordered two drachms of the succus conii four times a day, and to have good living. She continued this treatment for a fortnight. For a few days she appeared somewhat better; she then became worse, and the pulse reduced to 56. At the end of the fortnight, sulphate of zinc was ordered in grain doses, to be increased every third day; good living, with wine, as before. In about a week she was evidently improving, and then gradually got better, gaining strength and the movements less; and at the present time is able to walk about the ward.

Chorea is a very common disease, and several cases are always in the hospital. Dr. Wilks would therefore give the result of his experience. Having seen a host of remedies given, he was anxious to watch the disease unaffected by any drug; and he had observed that there was always a tendency for the symptoms to abate soon after admission to the hospital. He had placed the fact beyond all doubt by taking cases into the wards and administering no medicine. Some of the most striking results were seen in those who had been out-patients and had taken medicines, but, daily growing worse, were at last admitted within the building. Such children often rapidly recovered; and he attributed the change to their withdrawal from all those surrounding circumstances which were fostering the complaint at home, and to their being placed under moral control, and to the advantages of good living. Such instances might be mentioned without number; but of late there was the case of a girl who was so bad that she was obliged to be protected by side-boards to the bed, but who was well in a month; also the case of another girl who had been under a very intelligent practitioner for a great many months and nothing had been found of service; every medicine which had been proposed for the complaint had been administered, as well as every external remedy, but all of no avail. There was no other medicine left for trial; she was therefore simply placed in bed and ordered good living. She began slowly to recover. Having said so much, Dr. Wilks wished to declare his belief in the great value of tonics, and at the same time in the inutility of all those medicines which have a physiological action on the nervous system. He regarded chorea as a disease of debility, where the cerebro-spinal centres were weakened, and where restoration could be accomplished only by time, good living, and tonics. Thus, although in

many cases recovery took place as rapidly as could be where no medicines were given, yet in many the cure was expedited by the use of tonic remedies. These were the well-known nervine metallic tonics, as zinc, iron, and arsenic. It was well known that the late Dr. Elliotson obtained deserved repute by the success with which he administered the hydrated oxide of iron; this and the sulphate of zinc in increasing doses were the usual remedies at Guy's Hospital. The late Dr. Hughes having an opinion that there was often gastro-intestinal derangement, was in the habit of ordering a draught composed of wine in which rhubarb had been steeped, three times a day. Now, since it would appear from a superficial view of a complaint where there is constant excitement of the nervous system that a sedative would be the appropriate remedy, it is not to be wondered at that there are those in the profession who are always seeking for some drug which will at once cure the complaint. Now from what has been said of the nature of the disease this is most unlikely or even impossible, and thus no surprise need be experienced at the complete failure of such remedies as opium or chloroform. Such medicines will quiet the system for a time, but as soon as their effects are passed off the symptoms return; seeing that the cause, being a chronic one, remains. It is much the same thing as rendering a madman insensible by opium, by which you merely neutralize the effects of the complaint without combating it. With these views and with this experience, Dr. Wilks admitted his incredulity with respect to conium: as, however, it had been so much vaunted, he had used it largely and fairly, but with no very favourable result. In very many cases he had changed it for the older and long approved remedies, when an improvement at once commenced. He warned his class against an error into which many of his pupils fell—that a chorea patient was necessarily better because he was quieter. The child in the first instance had slight irregular movements; subsequently these became more violent, and the patient was unable to stand; then not infrequently the limbs became utterly powerless, whilst the movements became less. He had seen many cases of children who, after violent chorea, lay perfectly quiet in bed, but were almost completely paralyzed in every part of the body. One of the best cases of relief by conium which had been shown him was the case of a girl who, a few days after taking the drug, became quiet, but although quiet she could not move a limb. Now this condition is often a later stage of the disorder, and does not necessarily show improvement. Even had it been produced by the conium and a condition to be sought for, it was evident that there was need then of the class of medicines which had been advocated; for, probably, no one would recommend conium in choreal paralysis. A patient with chorea cannot be said to be better unless he is stronger at the same time as the movements cease. It may be observed that in most of the published cases of cure by conium, the disease had run a very ordinary course. Dr. Wilks therefore advised his pupils when they had a case of chorea, to remove it if possible from the place where the complaint originated, then to give good living and tonic medicines of the kind indicated. The complaint being a chronic one of debility, they must remove the child from all those conditions which tend to prolong it, and then adopt all the well-known means to restore the tone of the nervous system.—Brit. Med. Journ., July 30, 1870.

Clinical Lecture on Housemaid's Knee; Ranula; and some Forms of Nævus.—By FREDERICK C. SKEY, F. R. S., Consulting Surgeon to St. Bartholomew's Hospital.

There is no feature in the practice of the experienced surgeon more prominent than his appeal to what is termed heroic surgery on compulsion only. Young surgeons, who have not yet become familiar with the responsibility and the danger attached to large operations, are prone to an early resort to the knife before simpler means have been exhausted. It must not be forgotten that the interests of operative surgery invariably suffer from unsuccessful, and still more from fatal, operations; that under the most promising conditions human nature shrinks from its appeal with fear and revulsion; and that failure in one case will probably deter many from submitting to operations which offer results far more encouraging. The real philosophy of medicine and surgery consists in paying due homage to nature, the great restorer of health.

I propose to-day to tell you of the efficacy of a simple thread in the treatment of three not very uncommon diseases, which were

formerly, and indeed at a recent date, subjected to that of a more violent character.

The first of these diseases is that of the enlarged bursa on the patella, known as the *Housemaid's knee*. It is a very common affection, and is productive of great discomfort and inconvenience to its possessor. It is not caused by direct pressure, but, like corns, bunions, and blisters on the hand, &c., it results from oblique traction of the skin in moving from side to side; in fact, from friction. Corns are not limited to people who wear tight boots. These bursæ assume various forms and sizes, from that of a child's ball to that of an orange. They are soft or hard—that is, the bursal cavity may be filled with a serous fluid, or the cavity may be all but obliterated by a thick, fleshy mass of lymph, which forms the body of the tumour. The former are the more common, but both are to be met with, whether in hospital or in private practice. Now what is the treatment you would adopt for the cure? I will tell you. You begin with tincture of iodine—iodine the universal, and, I would add, the worthless. In truth, iodine, as a local remedy in all cases of this description, is almost, if not quite, inoperative to either good or evil. Can any one of you, gentlemen, assure me you have ever seen the smallest advantage derived from it in the treatment of bursæ? If you have, I have not. The next remedy recommended is the repeated application of blisters. I have seen cases in which blisters have been applied to the extent of some eight or ten without benefit, and, indeed, one does not see why they should prove useful in removing either the fluid contents of a bursa or the mass of lymph deposited around it. You will find a stout thread of silk passed through the centre of the tumour far more efficacious than either the iodine or the blisters. To remove these swellings by excision is to return to the barbarous surgery of our forefathers, and you will not do that operation with impunity. It is an operation of expediency, and is not unattended with danger. The effect of the seton thread is to convert the entire mass into an abscess, and this end is generally attained in the course of a week or ten days. Inflammation will follow of a somewhat severe character, if the thread be allowed to remain in the wound after the exudation of pus from the two orifices made by the needle. The cases therefore require surgical eye upon them daily after a f days have elapsed. It is now an absce it was a bursa; and the abscess, when t tured, should be opened freely. I have peatedly seen the hard mass of the disea deposit entirely absorbed without suppu tion.

Ranula consists in a collection of glai albuminous fluid within a cyst formed der the tongue, varying in size from that a cherry-stone to that of an orange. It by some authorities considered to be a lated orifice of a sublingual duct, or of t of the submaxillary gland; by others, t it is a formation independent of these tural orifices. I incline to the former pat logy from the fact of my having extrac a small calculus from the orifice of a d in a case of ranula, on the removal of wh the disease underwent a spontaneous cu When small, and, it may be presumed, its early stage, the membranous cyst thin—has the appearance of translucen and is marked by minute veins cours over it from below upwards. When at greatest magnitude I have ever seen it cyst is thick and fleshy, and it extends fr below the floor of the mouth downwards the level of the cricoid cartilage, formin large tumour, palpable to sight as well to touch. Within the mouth it occup the entire cavity from the floor to the r the tongue being pushed backwards, h ing the apex in contact with the soft pal Deglutition is greatly impaired, and the tempt to swallow solid food is frustrated the paralyzed condition of the agents gaged in that act. Thus the constitu suffers from partial inanition, and the ease, trivial enough in its early stages, makes serious inroads on the phys health.

Now, what are the resources of the geon? You will tell me either to snip a piece of the cyst, or to apply nitrat silver, or, with heroic daring, to di out the entire cyst. But a far simpler far more efficient remedy than either simple thread of silk or flax, passed means of a much-curved needle thro the centre of the tumour. It is desir that the seton thread be passed through centre, and not through the side, of the mour. At the expiration of five or days, or sometimes earlier, the ranula be found reduced to less than half its o

nal size, leaving the thread at some distance from it, but still clinging to the mucous membrane. Of course you remove this first thread, and apply a second in like manner through the residue of the tumour, which will finally disappear in the course of three or four days. The large cysts I have described, and of which I have treated several, are amenable to the same treatment. The thread must be passed through the long axis of the swelling from the mouth downwards. The needle must be strong and nearly straight, and the thread thick in proportion; and the point of the needle is brought out through the skin at the lowest point at which the swelling is perceptible, and the two ends tied in a knot at the angle of the mouth. The reduction in the size of the swelling may be dated from a short interval of a few days from that of the introduction of the thread. I have never failed to effect a complete cure of ranula by these means, be the disease large or small; and the pain attendant on the entire treatment amounts to almost nothing. There is no danger of hemorrhage from the introduction of the needle in the large cases, because the tumour in the neck is superficial, leaving the carotid artery and its branches in their natural relations to the structures beneath it. The only vessel requiring observation and avoidance is the external jugular vein.

The seton-thread is a very efficient agent of cure in some cases of *Nævus*. It is not superior to treatment by escharotics in all cases. It is slow in its action, requiring the lapse of weeks; but it has the advantage of saving the skin from destruction, and of leaving a less palpable scar than any other remedy with which I am acquainted. If the nævus is large, the threads should be passed across the morbid growth in various directions, and not necessarily through the centre, but occupying its substance in all directions. The swelling, if large, may require six, eight, or ten threads. The object to be obtained is suppuration, and when obtained, and detected by the oozing of pus, the thread or threads should be removed; and, if conveniently placed for the purpose, a little pressure should be applied.—Lancet, July 30, 1870.

HOSPITAL NOTES AND GLEANINGS.

Cases of Pleuritic Effusion, treated in London Hospital, with Remarks, by Dr. Sutton.—The treatment of all diseases that are very common must always be of interest to the profession; and there are few diseases more common than pleurisy. If we compare the treatment of pleurisy as advised in standard works on medicine with what is seen in daily hospital practice, we cannot but be struck with the activity recommended in books, and with the mild, cautious, and, in many cases, expectant system pursued in several of our hospitals. In pleurisy, as with many other diseases, the rule would now appear to be to treat each case on its own merits; and this must necessarily be the case when we consider that the attack must vary with the cause of the disease; for instance, pleurisy excited by pyæmia will run a very different course from pleurisy supervening in the course of rheumatic fever. Pleurisy excited by tubercular abscess near the surface of the lung, tends to run a different course from pleurisy coming on at the end of scarlatina.

Case of free Pleuritic Effusion; Influence of Rest; Recovery.—There have lately been at the London Hospital several cases of pleuritic effusion which appear to us to be very instructive. In illustration of the expectant treatment of pleuritic effusion, we may mention a case that was recently under the care of Dr. Sutton. The patient, a man about forty years of age, was admitted into the London Hospital with large pleuritic effusion on the left side. He was ordered to remain in bed; and, with a view of satisfying him, half a drachm of a solution of acetate of ammonia was administered three times a day. The patient had no other medicine, nor any application to his chest. The treatment was absolute rest, and he recovered remarkably well. This patient had been ill about two weeks before coming into the hospital. He complained of cough and shortness of breath. On examination, he was found to have a very large effusion into the left pleural sac. There was absolute dulness in the lower three-quarters of the left chest. Respiration was inaudible, excepting close to the spine and over the apex of the lung. Tactile vocal fremitus was absent. The heart's apex-beat was felt close to the right nipple; the other organs appeared normal. He remained in bed one month;

and, at the expiration of that time, the effusion had entirely disappeared. Respiration was audible very distinctly all over the left side, accompanied by a friction sound; the dulness had disappeared, and the heart had returned to its normal position. This patient left the hospital about five weeks after admission, convalescent.

Pleuritic Effusion; Treatment by Rest; Recovery.—A second case was a male, aged 16 years, who was in the London Hospital with well-marked evidence of one pleural cavity being almost full of fluid. The heart was very much displaced to the opposite side. With the exception of this effusion, the patient appeared healthy. He was ordered to remain in bed; no medicine was administered; nothing was applied to his chest; and the effusion entirely disappeared. In the course of six weeks he was discharged cured. Dr. Sutton has seen this patient several times since, going about quite well.

Pleuritic Effusion; Treatment by Rest; Recovery.—The third case was that of a middle-aged man in the Hospital, under the care of Dr. Ramskill. There was a large effusion on one side. He was ordered to remain in bed, and a little coloured sugar and water was administered. In a month he was convalescent, the effusion having disappeared.

Remarks.—There have been other cases in the hospital of a similar kind. Dr. Sutton remarked that pleuritic effusion of recent origin which has come on within the last two, three, or four weeks, has thus been observed to disappear when treated by absolute rest, unaided by medicine or any external application; and the same thing has been seen where there was considerable but recent effusion into other serous cavities. Ascites due to cirrhosis of the liver disappeared in a patient who was in the hospital, and treated by rest only; and the patient was convalescent, and left the hospital in the course of a month. The same favourable result has been witnessed with pericardial effusion during the course of rheumatic fever. Dr. Sutton further said that, when we see that patients having recent pleuritic effusion may entirely recover in the course of a few weeks, without the aid of medicine or treatment excepting rest, it is a strong argument against the operation of tapping the chest, and this operation is very rarely required when the effusion is recent and consists of serous fluid. It is, however, urgently demanded, and must done to save life when the effusion con of pus.

The presence of pus is accompanie difficult and frequent breathing; and e rience has shown that the state of res tion is one of the best guides as to wh this operation is required or not. It is sidered advisable to tap the chest when t is a large effusion and urgent dyspnœa; in Dr. Sutton's experience, it is somet requisite, in order to prevent death, to form this operation when the breathi very much embarrassed, although the sion into the pleural cavity may be m rate in quantity. Dr. Sutton remarked he had more than once been misled in b guided by the quantity of fluid, and no the state of the breathing.

Moderate Effusion; Sudden Death; Q tion of Tapping.—Dr. Sutton related case of a female, aged 43 years, who admitted into the London Hospital on uary 3d, 1868. There was dulness in lower half of the left side, with absen respiration and tactile vocal fremitus. heart was displaced. In the upper pa the lung, the respiration was puerile, percussion clear. The patient was ab raise herself readily, and sit up in bed, she seemed anxious to lie down. Breat was quick and laboured; the face was livid; the intellect was clear; pulse q and soft. Seeing that the pleura was about half full of fluid, it was not con ered requisite to tap the chest. A linse meal poultice was applied to the side, a small dose of opium was ordered, to pro sleep. During the night the patient denly and unexpectedly died. The aut showed about forty ounces of pus in the pleural cavity, and granular kidneys. remainder of the body was healthy.

Small amount of Empyema; Great C stitutional Disturbance; Paracentesis; covery.—Great constitutional disturb and difficulty of breathing may be cause a small effusion of pus into the pleural ity. This was seen in the case of a s under the care of Dr. Ramskill. He very ill; the breathing was quick laboured; his pulse was very quick. patient was seen day by day propped in bed, in a dreamy semi-delirious s with sordes about the lips, and a high perature. Each day he seemed to be g ing worse. The physical signs sho

slight effusion over the lower part of the left lung. There was dulness, with diminished tactile vocal fremitus and feeble respiration over the lower third of the left lung. The heart was a little displaced, but it was not to the right of the sternum. As this patient was almost daily becoming worse, it was considered advisable to tap the chest, and about fifteen ounces of pus were withdrawn. The patient improved after the operation; his breathing was very much relieved; and he expressed himself, after a few days, as feeling very much better and stronger. In the case of the female aged 43, as the physical signs did not show any great amount of effusion, it was not considered requisite to tap the chest. The case, however, showed that difficult breathing is a guide much more to be relied upon than the physical signs; therefore, in the second case, seeing that the breathing was very much embarrassed, although the physical signs showed a small amount of effusion, the patient was tapped, with marked and decided benefit. When there is great difficulty in breathing and constitutional disturbance, with a small effusion, and no other disease to account for such dyspnœa, we are led to conclude that the fluid in the pleural cavity is pus. In such cases Dr. Sutton has a grooved needle passed into the chest, to ascertain if the effusion consists of pus; and when found to be so it is evacuated.

Remarks.—Empyema and sudden Death; Hydrothorax; Disappearance of Effusion; How long Fluid should be allowed to remain.—It is in cases where the effusion is purulent that death is seen to occur suddenly and unexpectedly. Death caused by acute and recent effusion of serous fluid in the pleura, is very rare excepting as a secondary affection coming on in the course of Bright's disease, or some other organic change. Dr. Gairdner, Clinical Medicine, page 374, states that, during eleven years' Hospital practice, he had only seen two persons suffering from acute pleuritic effusion die. Experience, therefore, appears to show that in some cases a large pleuritic effusion will entirely disappear in the course of five or six weeks, and leave the patient, so far as we can estimate, sound. In other cases, the absorption of the fluid is very slow, and at the end of six or eight weeks there is very little change. In such instances, the question arises, Is it safe to allow the fluid to remain longer, for it may act as an irritant, and excite in the pleura a renewal of the inflammation; the lymph effused may become organized, contract and compress the lung; and in this manner the patient may be permanently damaged. In the treatment of pleuritic effusion, therefore, the most important question is, how long is it safe to allow a large quantity of fluid to remain in the pleural sac without irreparably injuring the lung? The cases referred to as having been under the care of Dr. Sutton, were examples of acute pleurisy with effusion of a few weeks' standing. There was no other appreciable disease of the body. Such are the cases that do well by rest. It will probably be admitted that no one can define what length of time a quantity of fluid may lie in the chest without injuring the lung; for it is remarkable that a large quantity may exist for three or four months, and, after this time, the fluid may gradually disappear, the lung expand, and the patient apparently recover. While recording that such is the fact in a case now and then, it will, perhaps, be allowed that the pleura more frequently becomes greatly thickened when fluid has remained in the chest several months.

Question of Paracentesis.—Considering that the pleura is very liable to become thickened, and the lung bound down in these chronic effusions, some physicians have strongly advocated tapping in an early stage of acute pleurisy. Other physicians, considering that great danger might arise in consequence of air being admitted into the pleural sac, strongly oppose the operation of letting out the fluid. To what extent this danger really exists, has never been clearly defined; and there is strong evidence indicating that the pleura may be tapped and air admitted without any ill effects following. There are the well-known cases of Dr. Hamilton Roe. He operated in twenty-four cases, and a considerable quantity of air entered during the operation in several of them, and in not one case did any evil effects follow. Dr. Bowditch operated in twenty-six cases in which the fluid was serous, and twenty-one made good recoveries.

A Remarkable Case of Pleuritic Effusion; Paracentesis performed eight times; Remarks.—A very instructive case is recorded in the Post Mortem Register of the London Hospital. A patient was on several occasions under the care of Drs. Davies, Ramskill, and Sutton. This patient was a

policemen, and was treated by Mr. Rolfe, who very kindly sent the case to Dr. Sutton, at the Chest Hospital, Victoria Park. The pleura, in this case, was eight times tapped. About one hundred and fifteen ounces were removed on the first occasion; and, on the six subsequent tappings, from 115 to 130 ounces of fluid were removed; on the eighth occasion, 150 ounces were drawn off. The fluid removed on the first occasion was turbid serum, which, on allowing it to stand, and placing the sediment under the microscope, was found to contain pus-corpuscles; and, on the eighth occasion, a similar fluid was withdrawn. An ordinary trocar was used in the operation, and air entered freely each time; yet, this turbid serum did not become converted into thick pus, nor did the admission of air alter the fluid. It was the same when last withdrawn, as on the first occasion, before any air had entered the pleura. For the sake of brevity, we refrain from giving the details of the case, and confine ourselves to the following observations of Dr. Sutton.

When a large quantity of fluid has been present in the pleural cavity for many months, the parietal and visceral pleura usually become much indurated and thickened. In the case of this patient, who was tapped eight times, both these layers of the serous membrane were converted into a firm, hard, tough, fibroid substance, an inch in thickness. This was the case immediately under the ribs over the lung, and the pleural sac was converted into a large cavity with thick indurated walls. In consequence of this induration and thickening of the pleura, the lung was bound down, and it was impossible for it to expand; therefore, in such cases there is no hope that the lung will ever be able to resume its functions; and it is useless to let out the fluid with the hope that it may do so. The fluid accumulates—and it was so with this patient—in such large quantities that it displaces the heart, encroaches upon the opposite lung, and threatens death by apnœa; therefore, it is necessary to tap the pleural cavity to relieve most urgent distress, and often to ward off immediate death. It is difficult to say how many times a chest may not be tapped. It was, however, observed in this patient, that the fluid increased in quantity, more was removed at each operation, and his power of endurance became each time more feeble; so that the operations distressed him more and more, and it was evident that to go on in that cour would certainly lead soon to his death. was deemed, therefore, advisable to ke the pleural cavity continually open, and t this means to prevent the fluid from acc mulating; and it was hoped that the wa of the sac would gradually contract, and t empyemic cavity be closed. Before th occurred, however, the patient died. It m be instructive briefly to consider what th case appears to show should be our p ceedings in any future similar case. It clear that, in order that the empyemic ca ity may be closed, one of two things mu occur; either the lung must expand—whi in this case was impossible—or the che wall must fall in. To bring about the latt the cavity must be empted of fluid and a and then the pressure of the external atmo phere would gradually press in the ribs, a the walls of the cavity would be brought t gether, adhesions would probably take pla and in this manner the sac would be occl ded. It is, therefore, necessary to create vacuum. If, however, the cavity be fill with air—that is, air allowed to enter in a act of tapping—then the external press of the atmosphere is counterbalanced by internal pressure of the air in the sac. would then appear that we ought to dr off a portion of the fluid, and not let in a air; then, a week or so afterwards, draw another portion; and thus by degrees ribs would be pressed inwards and the ca be closed. It was hoped that with t patient the indurated pleura would contr and that this would be promoted by preve ing the fluid from accumulating. It is cl however, that contraction sufficient to o terate an empyemic cavity having very th walls must be a very slow process inde and may probably take many months, we know that fibroid tissue contracts v slowly. In the mean time, the presence of excites chronic suppuration on the inte surface of the sac, and the patient, worn by a very exhausting discharge, may die asthenia before the sac is obliterated.—B Med. Journ., July 16, 1870.

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Aneurism opening into Left Bronc avoiding the Recurrent Nerve, wholly w out Spasmodic Symptoms.—This case is teresting, because the whole of the pulmonary plexus of nerves was quite stroyed, while the left recurrent laryng escaped, and under these circumstan

there was not any spasmodic affection of larynx. The patient was a man, aged 65, who was in Edgware Workhouse Infirmary, under Mr. Blasson's care. Mr. Blasson detected the aneurism, and sent the case to Guy's, under the care of Dr. Moxon. The patient had had an incredible share of serious accidents. The chief of these were that thirty-six years ago he fell and broke his ribs, dislocating his shoulder; afterwards he fell twenty-six feet, and was laid up a long time; then four years ago he was run over across the back of his chest; and since that time he had never been well, but always had pain in his back. For fourteen months he had suffered from cough and occasional hæmoptysis.

On admission he had cough and moderate permanent dyspnœa; sputa in moderate amount of a glairy matter, more or less tinged with bright blood, sometimes of the "currant jelly" character. The left chest was resonant everywhere, but the breathing sound in it was very deficient, almost absent at times, at other times very plain but distant and tubular, no pulsation could be felt. There was no abnormal cardiac murmur, but the second sound was so loud and sharp, that it at once arrested attention. One also *heard a beating* in the left supra-scapular region. There was no enlargement of veins or glands. He did not suffer more than an ordinary case of senile phthisis, and the physical signs alone led to the conviction that the case was one of aneurism. Four days before his death his temperature suddenly rose to 103°, and he felt ill. The sputa became tenacious, and diminished in quantity. He sank with signs of acute pneumonia.

The *post-mortem* gave very neat and convincing, if not conclusive, evidence of the traumatic origin of his aneurism. There was in each chest an old adhesion of the lung, near its root, to the thorax. On each side this was of the size of the palm of one's hand. On the right side the adhesion had certainly nothing to do with the aneurism, which did not affect the right chest, and on the left it extended to a distance beyond the very limited contact of the aneurism with the thoracic wall. These adhesions were just at the spot where in his last accident he had been run over. The aneurism was at a point in the aorta just opposite these adhesions, which it did not cause, nor did they cause it. But a common cause existed for both, in the passage of a cart-wheel over the spot where these changes were found. The aneurism was fusiform, implicating the whole circumference of the vessel; it was as large as a potato, and from its left side a secondary aneurism had extended into the left lung, whose tissue was compressed before this sac, which had the size of a half-orange. The left recurrent laryngeal nerve passed round the aorta just above the aneurism, and was not at all compressed, but perfectly free. But there was no back to the left bronchus for nearly the whole of its course: it was replaced by ragged aneurism clot, which showed a rough surface towards the interior.

This case offers a very exact and conclusive experiment in nervous physiology. Such evidence as it affords is by far more reliable and satisfactory than any results can be which are got by those severe mutilations of animals which are necessary to expose and divide nerves so deeply seated. The effect of it is to support strongly the belief that the irritation of the bronchial plexus does not produce laryngeal spasm. Another very important reflection arises in considering the state of the left lung after the removal of its proper nervous influence. There was no sloughing of the lung, but there was lobular pneumonia producing scattered hepatizations in the centres of the lobules, about the ends of the bronchial tubules. The same condition existed in the right lung to a less extent, although there was no pressure on its pulmonary plexus. Now, very important consequences have been ascribed to destruction of the pulmonary nervous plexuses, especially sloughing of the lung which is not infrequent as a result of aneurismal pressure on its root. Other physicians prefer to think that such sloughing may be due to obstruction of the bronchial artery, which supplies the tissue of the lung. Dr. Moxon held that this case —as well as others that he had seen—opposed these views, and he preferred the following as the true explanation of the broncho-pneumonia of this case, and sloughing in others: namely, that the irritated and compressed bronchus becomes loaded with excess of secretion which it cannot void, and which consequently decomposes more or less, and that these retained secretions set up inflammation that extends to the tissue of the lung, causing more or less

severe inflammation even to the pitch of producing sloughing of its tissue. This occurrence would be equivalent to the inflammation and destruction of the kidney, which occurs in consequence of stricture of the urethra, and retention of urine. Aneurisms pressing the air-tubes usually kill by this pneumonia.—Med. Times and Gaz., July 23, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Cure for Toothache.—Dr. Henry T Reynolds, of Baltimore, writes to us that "for eighteen months I have been using acetate of lead as a remedy for what Burns calls 'the hell of all diseases'—toothache. I find it to act better than any of the numerous remedies proposed in the books, and in cases in which it is applicable the relief is instantaneous. Let the patient apply from one to three grains to the cavity for a moment or two, then spit it out. It fails in fewer cases than any remedy that I have tried—not more than eight per cent.

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A Simple and Efficient Substitute for the Stomach Pump.—Prof. John T. Hodgen states (St. Louis Med. and Surg. Journ., July, 1870) that about a year ago he had a case of stricture of the œsophagus so narrow that his patient could not swallow even liquids. "To sustain life I resorted to a small stomach tube (a gum catheter, in fact); as a means of injecting liquid nourishment; to this I fixed the elastic tube of one of Davidson's syringes.

On one occasion the vessel containing the liquid happened to be higher than the patient's stomach, and I observed while the syringe was not being used, that the liquid continued to flow into the stomach—the action being that of a siphon. I at once, to test the siphon, substituted a simple elastic tube for the syringe, and found the stomach could be as readily emptied as filled. Thus I conceived the idea of using a siphon instead of a stomach pump, and have used the same in a case of poisoning recently with the most complete success.

I attach four feet of India-rubber tubing to a stomach tube, fill both with water by simply dipping it into the liquid end first, then compressing the elastic tube between the thumb and finger to keep the fluid from running out, introduce the stomach tube, lower the outer end of the elastic tube, and the contents of the stomach pour out as readily as if from an open vessel. When the fluid ceases to flow, I dip the outer end of the tube beneath the surface of water, elevate the vessel containing it, and the stomach is soon filled; lower again the outer end of the tube and the stomach is emptied. This can, of course, be repeated as often as is necessary.

The advantages claimed for this simple contrivance are, that it may be almost always improvised, is of speedy and easy application, has no valves to become obstructed or deranged, and is less expensive than a stomach pump.

The same principle may be applied in injecting fluid into the bowels, as indeed it has been for injecting into the bladder, uterus, and vagina."

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Protracted Gestation.—Dr. L L. Bedell reports (Leavenworth Medical Herald, August, 1870) having delivered a woman in her sixth pregnancy, June 12, 1870, 10 o'clock A. M., of a healthy female child, weighing nine pounds. After the delivery the mother informed him that her catamenia had ceased July 25, 1869, and that she had expected to be confined about the 1st of May, 1870; that in her previous gestations she had been able to calculate pretty accurately the period of her confinement. If this statement be correct, that her last menstruation ceased July 25, 1869, 10 months and 18 days elapsed before her delivery, or 322 days, and if we deduct 10 days after the disappearance of her menstrual flow, we will still have a period of gestation of 312 days.

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Medical Instruction in Philadelphia University of Pennsylvania—Medical Department.—The lectures of the session of 1870-1, in this venerable school, will commence on the second Monday (10th) of October, and close on the last day of February ensuing. The dissecting rooms will be open from the middle of September.

Jefferson Medical College, Philadelphia.—The next anuual session will commence on the second Monday in October 1870. Preliminary lectures will begin on the first Monday in September.

The usual well-known private schools for the instruction of medical students will open on the 1st of September.

These, with the various hospitals, dispensaries, college cliniques, and private courses of lectures, will afford every facility for the instruction of students in all departments of professional knowledge.

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Tincture of Erigeron in Alveolar Hemorrhage.—Mr. PERKINS states (Dental Cosmos, Aug. 1870,) that the tincture of erigeron is more efficacious than Monsel's salt for arresting the troublesome hemorrhage, sometimes following extraction of teeth.

FOREIGN INTELLIGENCE.

Severe Case of Angina Pectoris, relieved by Morphia and Nitrate of Amyl.—E. K., aged 28, laundress, married, was admitted into the Middlesex Hospital, under the care of Dr. Thompson, on June 1, 1870, suffering from the effects of an attack of angina pectoris, which happened two days before. It appears that her father died at the age of 53, with symptoms of angina pectoris. The patient herself has had two attacks of rheumatic fever, both of which occurred in 1861, and since that time has suffered from dyspnœa on exertion, palpitation of the heart, and occasional hæmoptysis. One of her children has been subject from its birth to palpitation, dyspnœa, and blueness of the lips, but is otherwise healthy. During all the time she remained in the hospital (exactly two months) she had frequent attacks of angina pectoris, occurring at first almost every day, but latterly at intervals of nearly a week. While labouring under an attack the typical symptoms of angina pectoris were exceedingly well marked, more especially the dread of death, and the radiating pain, which frequently extended to the head and face, and down both arms and legs. On auscultation a loud purely systolic murmur was heard at the left apex, audible also at the back, and a very faint diastolic murmur at the base.

The treatment adopted during the attacks was as follows: From the day of admission to June 19 all the paroxysms were treated with the subcutaneous injection of morphia, beginning with one-sixth of a grain and gradually increasing the dose till one quarter of a grain was reached. The result of this plan of treatment was uniformly to cut short an attack in about five minutes after the morphia was injected. Owing to the sickness, vomiting, and headache which often resulted from the morphia, more especially when the dose came to be increased, Dr. Thompson determined to try the effect of the inhalation of nitrate of amyl in controlling the paroxysms. The mode of its administration was simply to allow the patient to inhale the amyl from a bottle, the mouth of which was applied to one nostril. After the inhalation had been cautiously continued for about ten seconds the face became somewhat flushed, the veins slightly prominent, the pulse slower and fuller, and the patient, after drawing a long breath, declared herself quite free of pain. The same train of symptoms happened every time the amyl was inhaled. It never failed to check a paroxysm; it produced no unpleasant after effects; it did not lose its power from repeated use. On the contrary, the occurrence of paroxysms diminished during the time the patient was under this plan of treatment.—Med. Times and Gaz., Aug. 6, 1870.

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Effectual Plugging in Epistaxis.—It is generally expected, when the anterior and posterior nares are plugged, that a clot forms on the floor of the nose which compresses the oozing vessels. M. Fano, of Paris, endeavours to compress with more certainty in the following manner: Instead of tying a pledget of cotton or lint to the free end of the thread which has been made to enter at the nose and emerge from the mouth, M. Fano ties a series of little pledgets along that string, in the same fashion as papers are tied to the tail of a kite. The string, being now pulled from the nasal end, is made, by a little management on the velum, to pass behind the latter with its four or five pledgets, until the latter are fairly lodged in the nose, the last pledget of course occluding the aperture of the posterior naris. The front may be plugged as usual. The whole is left four days, and the success, in cases cited by M. Fano, has been remarkable.—Lancet, July 2, 1870.

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Epidemic Smallpox and Vaccination. There are some important points in the report of M. BESNIER on the epidemic smallpox at Paris which are worthy of notice. Thus in relation to *vaccination*, the observation has only to be repeated in this as in all epidemics, that the mortality in non-vaccinated cases is very great, and that in-

dividuals who have been vaccinated may, while yet only young, sometimes have lost the benefit derived from vaccination. But a fact revealed by the present epidemic is that *vaccinated subjects* may furnish also a very considerable mortality. Thus among the smallpox patients at the Maison Municipale de Sante under M. Besnier's care, it was quite exceptional that they had not been vaccinated in childhood, and yet the mortality was at the beginning of the epidemic not less than 18 to 20 per cent. Of 23 patients dying only one had not been vaccinated; 4 exhibited no vaccine scars; but in 18 there were well marked vaccinal cicatrices. In fact, the duration of vaccinal influence may be much more ephemeral than is generally supposed, and during a severe epidemic like the present, all cases without exception should be revaccinated. M. Besnier has just obtained a perfect vaccine pustule in a child 4 years and some months old, who four months before he had vaccinated with complete success, as testified the magnificent cicatrices. The question then arises whether a single inoculation should be considered sufficient, and whether it should not be repeated until no result whatever is produced. So with revaccination, for it is a complete error to suppose that absence of success of revaccination is a proof that the immunity conferred by vaccination persists. It is usually supposed that patients who prove refractory to all attempts at vaccination possess also an immunity from smallpox. During the present epidemic several such have died.

In reference to the treatment of the disease, M. Besnier observes that the hopes entertained by M. Chauffard and others concerning the value of phenic acid have not been realized. As an internal remedy it seems of no avail, but it is a very useful external agent for cleansing the pustules and crusts.

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Effects of the Admixture of Races.—Prof. Agassiz states: "The physical and moral deterioration resulting from the admixture of pure races is, perhaps, nowhere so clearly shown as in Brazil. The hybrid between the white and the negro, called the mulatto, is too well known to require description. The hybrid between the Indian and the negro, called cafuzo, has none of the delicacy of the mulatto; his complexion is dark, his hair long, wavy, and curling, and his character, instead of being 'confiding, h indolent,' is described by Agassiz as exhib ing 'a happy combination betwen the jo disposition of the negro and the energet enduring powers of the Indian.' The h brid between the white and Indian is call mameluco, and is described as being pall effeminate, feeble, lazy, and rather ob nate, the Indian influence having apparen obliterated the higher characteristics of t white, without imparting its own energ to the offspring. It is very remarkable th the Indian, whether in crossing with a neg or a white, makes a deeper impress on l progeny than the other races; and, in a cordance with this fact, it is observed th in further crossings, the pure Indian ch acteristics are resumed, and those of t other races thrown off. 'Let any one,' s Professor Agassiz, 'who doubts the evil this mixture of races, and is inclined, fr a mistaken philanthropy, to break down barriers between them, visit Brazil. cannot deny the deterioration consequ upon an amalgamation of races more wi spread here than in any other country the world, and which is rapidly effacing t best qualities of the white race, the neg and the Indian, leaving a mongrel non script type, deficient in physical and men energy. Let us profit by the experience Brazil, and learn the double lesson: o all the advantages of education to the neg and give him every chance of success, l respect the laws of nature, and preserve, far as possible, the distinctness of his n ural characteristics and the integrity of own."—Journey to Brazil, by Prof. a Mrs. Aggassiz.

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Means of distinguishing Real from . parent Death.—Dr. Laborde comm cated to the French Academy of Medic (July 26, 1870) an interesting memoir some of the physical phenomena of life, on their application to the distinguish real from apparent death. He states t if a polished steel needle be inserted sufficient depth into the muscles of an ap rently dead subject, and allowed to rem in generally a short time it loses its po and becomes oxidized; whilst this oxida does not occur when the needle is in duced into a dead subject, if the needl allowed to remain even as long as an ho This absence of oxidation, with concom phenomena is, according to Dr. L., a

stant sign of real death.—L'Union Médicale, 28th July, 1870.

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Obituary Record.—The great leader of Ophthalmic Surgery, Albrecht von Graefe, of Berlin, died on July 20, 1870, in the 45th year of his age. He has gone to his rest in the zenith of his glory, but he has left as a legacy to posterity a record of the facts in the treatment of eye-disease which his master mind had accumulated—foundation-stones, upon which others yet may build. The great work of von Graefe's life was his discovery of the cure of acute glaucoma—a disease which terminates in permanent blindness, and which had hitherto baffled all treatment. It was no mere guess or haphazard trial which led Von Graefe to perform iridectomy for the relief of this terrible affection. Having thoroughly investigated the nature of the glaucomatous process, and having satisfied himself that all the symptoms were due to an increase of the intra-ocular pressure, and that no relief was to be obtained by medicinal means, he sought, by local treatment, to reduce this undue tension to its normal standard. First he tried paracentesis of the cornea, but the result was unsatisfactory; the relief it afforded was generally slight, and, with but few exceptions, it was only temporary. He next turned his attention to the merits of iridectomy—an operation which he had frequently performed in recurrent iritis, irido-choroiditis, and in various extensive corneal affections. The effect of iridectomy in causing a recession of the protrusion in many cases of partial staphyloma of the cornea satisfied him that this removal of a portion of the iris exercised a wonderful influence in reducing the tension of the eye. He resolved, therefore, to apply iridectomy to glaucoma, and in June, 1856, he performed the first operation for the relief of a disease which, up to that date, had been irremediable. In a paper published by Von Graefe in his *Archiv für Ophthalmologie*, and afterwards translated by Mr. Windsor for the Sydenham Society, he concludes by stating that, having followed some of his cases of glaucoma on which he had operated for more than a year, "I think I cannot be mistaken in regarding iridectomy as a true curative treatment of the glaucomatous process"—an opinion which has since been indorsed by all the best ophthalmic surgeons in Europe and America.

Although the cure of glaucoma was the crowning act of Von Graefe's life, yet in all the departments of Ophthalmic Medicine and Surgery he was a great master. In the volumes of the *Archiv für Ophthalmologie* he has written upon almost all the subjects connected with the surgery and pathology of the eye, amongst which the articles on strabismus, detachment of the retina, sympathetic ophthalmia, and cataract, are specially noticeable. His last work was the perfection of his "modified linear extraction" of cataract, an operation which has been attended with very brilliant results.

The world-wide renown which Von Graefe obtained must be attributed rather to the combination in one man of many gifts, than to the extraordinary development of any single quality. His appearance was commanding, fascinating, and imparted confidence; he had great self-reliance, and a certain amount of egotism, a wonderful capacity for work, and a sense of order which prevented a wasteful expenditure of his forces. Thus gifted, he acquired at an early age a reputation which has been almost unprecedented—patients of all classes, from the prince to the pauper, flocked to his hospital for the benefit of his skill; whilst students from all parts of the world crowded to his clinique to witness his manual dexterity, and learn his teachings.

Died, in London, July 18th, John Zachariah Laurence, F. R. C. S., M. D., in the 42d year of his age. He was known in this country as an author as well as a surgeon of promise. He was for a time editor of the Ophthalmic Review, and, with Mr. Moon wrote a "Handy-book of Ophthalmic Surgery." He also wrote a treatise on cancer, to which the Liston gold medal was awarded by the University College.

—— in London, July 12th, James Copland, M. D., F. R. S., in the 79th year of his age. Another great name to be added to the list of illustrious dead. Dr. Copland's claim to fame rests mainly on his "Dictionary of Practical Medicine," a great work, which required thirty years to finish. It is a complete *résumé* of all that has been written on the various subjects treated in it, from the earliest days of medicine to modern times, with copious references to all the sources of information. Articles from his pen have appeared in many of the English journals, and at one time he edited the Medical Repository.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Milk and Whey Treatment and on Health Resorts.—By HERMANN LEBERT, Prof. Clin. Med. in the University of Breslau.

Gentlemen: It is now a very general custom with many patients as a means of effecting a cure to go into the country during the summer months to spend their time on the hills and at the seaside, hoping there to gain health and strength far away from the troubles of their daily occupation. Although many abuses still exist in the application of mineral waters, yet treatment by their means must in many cases be recommended, since it evidently is founded on true hygienic principles.

It must therefore be a part of your medical education that you should make yourselves acquainted with this method of treatment, and consequently during the summer months I gladly embrace the opportunity of making every suitable case available in this respect for your instruction. Lectures on this subject are valuable not only for the benefit of your future practice, but they are also necessary for this reason, that our views on this subject have changed a great deal during the last few years, and they will probably yet undergo still more change.

The time is past in which mineral waters have been regarded as simple units (without reference to their constituents), in which the mysticism of the healing power of the spirits bubbling from the depths of the earth had a particular charm not for laymen only, but also for many practitioners, and when the might of the propitious Naiads within the province of balneology gave rise, not only to large numbers of doggerel verses, but to a still greater quantity of prose writing. Natural philosophy, chemistry, and experience sieved by a process of severe

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criticism, have at last begun to bear sway even in this department. We have become aware that the ghosts rising from the deep are nothing but aerated water impregnated with salts derived from the soil and rocks through which it has flowed, and from this fact we derive a knowledge of benefit to therapeutics, of the proper relations of solution and chemical combination. Of the gases, again, we know that hydrosulphate gases, for instance, are freed by the decomposition of sulphate of lime or other sulphates, and the bubbling carbonic acid from the carbonated salts, earths, and particularly from carbonate of lime. From a chemical aspect we are better acquainted with the mineral waters than we are with most of our composite medicines; we know that their temperature depends on a definite law, that of the increase of the heat of the earth by one degree Centigrade for every hundred feet in depth, and that their physical condition as regards temperature from the very cold to the hot springs exercises a decided influence on their action.

Concerning the bath, we have learnt that the salts contained in solution are not at all, or but little, absorbed by the skin, and that therefore a direct influence is exercised by the bath only in diseases of the skin or in affections which have communication with the skin by means of fistulous sores, and so on. The unquestionable influence exercised on the nerves of the skin is much weakened by the epidermis, but nevertheless the physical action of the bath becomes quite prominent in the majority of diseases which do not directly concern the surface of the body, and here again temperature plays a most important part; also in douches the degree of concentration and force of the jet and the height from which it falls, and in vapour baths minute atomization and high temperature, etc. If the original therapeutics of the peasant Priesnitz tries to make the patient believe that the pustules and furuncles produced by constant irritation of the skin consequent on unintermittent poulticing are true crises, one does not know whether most to smile at the credulity of the patient or at the charlatanism of such practitioners.

The more hygiene becomes a subject of close and profound investigation, the more does climatology attain to its full and important rights; and, on taking a survey of many and accurate meteorological, physical, geographical, and geological investigations, we find that they afford to the physic many delicate and important points, they at the same time impress him wit feeling of the responsibility of acting o strictly critical and scientific basis in res to such knowledge.

The courses of treatment by milk whey occupy a prominent position amo the hygienic courses, which are very o combined with climate and mineral w treatment. These are annually ordered so large a number of patients that it se to me very necessary for your future p tice that I should give you a clear ide them; since, on the one hand, accordin my conviction, the milk courses, more ticularly with respect to the different spe of animals which supply the milk, have yet been sufficiently appreciated, while the other hand the courses of treatmen whey have been very much over-estima having attained to such proportions in watering-places of Silesia as to render latter rivals to those even of Switzerla Now, most of our whey health resorts h an advantageous climatic position; th arrangements and the whole mode of in them are well arranged. The med advice is mostly derived from full exp ence; and hence beneficial results chronic cases cannot be denied. Nev theless, we must in many cases confider conclude that the patients have been be fited or cured, not in consequence, but spite of the whey. Concerning this poi a want of knowledge in natural philoso and chemistry is felt by many physicia and this again proves that secular traditi must not be mistaken for verified exp ence.

I am just publishing an extensive pa on this subject, and I refer you to the se for further information concerning it. day I shall try to give you merely an out of the principal points concerning the c position of milk and whey, and th application in chronic diseases; and I tend to add a few remarks to show t chronic tubercular disease of the lungs its earlier stages very frequently gets wo in consequence of a prolonged stay of patient in hospital, whilst much be results may be expected for the po classes from health resorts in the coun combining a well planned hygienic syst

Let me first make a few remarks on chemical nature of milk and whey. If

compare different kinds of milk with reference to their solid constituents, we find that asses' milk is most dilute, containing scarcely 9 per cent. solid matter; next stands human milk, with somewhat over 11 per cent.; next goats' milk with 13½ per cent.; next cows' milk with over 14 per cent.; then sheep's milk containing 16 per cent. (according to an analysis recently made in my laboratory even 18 per cent.); and, lastly, mares' milk, containing 17 per cent. From these facts asses' milk would be applicable in cases where a dilute milk seems desirable. Goats' and cows' milk represent the average quality; sheep's milk would be suitable when that containing a large amount of nourishment is thought necessary, and it is preferable to the rich mares' milk—which in the central parts of Europe is also frequently applied to therapeutic purposes—because it contains a larger quantity of albumen and casein.

Still more important than the total amount of the solid matter is the amount of casein and albumen. Excepting mares' milk, which is excessively poor in this respect, human milk is the poorest, containing only 4 per cent. of casein, whilst cows' milk contains nearly 5 per cent., and more than ½ per cent. albumen. In direct opposition to the latter stands asses' milk, with only 2 per cent. casein and albumen, and for this reason it is beneficially employed in inflammatory chronic diseases, in which the supply of nitrogenous matter must be confined within moderate limits. Goats' milk, with 5⅔ per cent. of casein and albumen, is particularly characterized by its large amount of albumen, which is 1½ per cent., and sheep's milk is in this particular again the richest, since of 6½ per cent. of casein and albumen, as much as 1⅔ are albumen.

Asses' milk contains also the smallest quantity of butter, whilst cows' and human milk contain 4½ per cent., sheep's milk nearly 6 per cent., and goats' milk nearly 7 per cent. Goats' and sheep's milk contain, again, the largest amount of hydrocarbons, and the sheep exhibits the enormous value of the nourishing constituents of its milk by its containing 11¼ per cent. of proteine matters and hydrocarbons.

The milk sugar amounts on the average to 4 per cent. in the cow, goat, and sheep, and to more than 5 per cent. in the ass.

The salts, chlorides of the alkalies, earths, etc., amount to ½ or ⅔ per cent. on the average in different kinds of milk. The large amount of milk-sugar in mares' milk—viz., 8 per cent.—only moderately increases its nutritive value, but renders it prone to alcoholic fermentation, whence arises its manifold application in courses of "Koumyss" treatment amongst Tartaric tribes.—Med. Times and Gaz., Aug 13, 1870.

(*To be continued.*)

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Clinical Lecture on Chronic Phlebitis. By FREDERIC C. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.

There is a malady not infrequently met with which reaches in its progress to the verge of danger to life, if it does not overstep the line, and which, so far as I know, has not obtained from writers on surgery the full attention it deserves: I mean phlebitis in its chronic form. It is better known as the product of traumatic causes, and when acute in character and progress it is far more intractable than in the form I am about to allude to. In my belief debility is the parent of disease, and you will not meet with chronic phlebitis except in persons either constitutionally weak or reduced to a low level of health by accidental causes. When I use the term "weak," I do not allude to defective capacity of the muscular frame. This system may be the seat of active and vigorous health; the capacity for physical exercise may be great and enduring; while the structures of *organic life* within the body suffer in a far more positive degree from the evils incidental to a weak circulation. These are, in truth, the "vital powers" of the frame, on the vigour and integrity of which the health of the person more critically depends. I think you will find that all cases of chronic phlebitis are accompanied by a weak and generally by a slow pulse, a pulse readily compressible, and in which the contractions of the heart are by many pulsations below the average standard. Unless you note this feature in such cases—presuming it as a rule to be present—you will fail in your treatment, and the disease will gain the ascendant. Chronic phlebitis commences with deep-seated pain in the affected limb, which is generally, but not invariably, the lower extremity. It is commonly ascribed to rheumatism, which it in some respects resembles. It is described as an aching pain of the limb, but it is more persistent than rheumatism; and when its seat is detected

it will be observed to hold a relation with the large venous system of the limb. The femoral and popliteal veins are the principal seat, but the disease extends downwards along both posterior and anterior tibial and upwards along the internal saphena veins. All these vessels are hard and firm, and consolidated by coagula within them. The evil to be apprehended is the separation of a portion of this coagulum and its transmission into the pulmonary capillaries of the lungs. In a fatal case of chronic phlebitis I have elsewhere reported this sad result occurred, and death followed in the course of a few hours. The disease frequently attacks the opposite limb. In this case the disease had entirely ceased to exist in the left limb, and was gradually subsiding in the right, after involving the vessels for some four or five weeks. In order to prove the healthy condition of the limb, the patient struck his thigh a smart blow with his hand, in his delight at the approaching termination of his long confinement. This occurred at a late hour in the afternoon; he was shortly afterwards seized with difficult respiration, and he broke out in a profuse sweat, and died within eight hours.

The constitutional treatment of cases of chronic phlebitis should be essentially tonic and stimulating—to an extent, however, regulated by the pulse and the necessary support required by the system. If the tendency to coagulation of the blood in the venous channels be due to defective power in the heart and arterial system, it is clear that stimulants on a very positive scale are essential to recovery. As regards local treatment, a liniment composed of mercurial liniment and extract of opium will be applied along the track of the vessels with advantage, and more effectively if the limb be previously fomented with very hot water for fifteen or twenty minutes, and then carefully bandaged with a flannel roller.—Lancet, August 20th, 1870.

—

Clinical Remarks on Wounds into Joints. By FREDERICK C. SKEY, F.R.S., etc.—I wish to address you a few words on the subject of wounds into joints, at all times a serious accident, and, as regards the joint itself, not infrequently a fatal one. In case of doubt as to the joint being involved, it is hardly necessary to say, avoid all exploration. Nature will not permit any intrusion on or violence done to a joint. Peril almost certainly follows. If the joint be op and more especially if the wound thr the synovial membrane be large or cont inflammation follows, and the outer wc which may have shown a disposition to opens. The margins inflame, or at assume a red colour; and a watery icho exudes from the joint, followed by From the wound large and glassy gra tions arise, which are eminently chari istic of a wound into a joint. In this dition writers recommend a free inc into the cavity, under the idea that the is irretrievably lost. If the discharge o diminishes concurrently with increased and swelling of the joint, an incision, a view to dilate the opening, may be sable, but otherwise I do not think because I am satisfied, from the observ of several cases, that the joint is occasio perfectly recoverable. I can quote at three cases in which pus was poured from the knee-joint—in one of three duration, in a second of ten days', and third of three weeks'. In each and all t cases the joints were perfectly restore their natural functions. If this be so, you not be careful in adopting what I not but consider objectionable practice, of a premature and fatal incision into a j which is yet susceptible of cure by nat processes?—Lancet, August 20th, 187(

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Notes of Clinical Remarks by Sir liam Jenner. Hereditary Tendency Tubercular Phthisis; Question of Para tesis Thoracis.—The patient, a girl eigh years of age, was the subject of tuberc phthisis. On reference being made to history of the case, it was found that her parents had been affected with phth that her father had died of it; that the other child of this marriage was a confir invalid with cough and chest affection; that the mother had contracted a sec marriage, of which, according to patient's account, there had been t children, who were all under twelve healthy. Sir William Jenner said it would be desirable to ascertain by sonal examination the health of t children, because the point involved one of great interest. He believed that regard to children both of whose par are tubercular, the morbid tendenc not only transmitted to them, but in sified in them to a degree exceeding

sum of the tendencies of the parents; and that the intensifying of the tendency under these circumstances occurs equally in cases of insanity and nervous disease in general. On this ground Sir William said he objected to intermarriage, few families being free from a tendency to some disease; therefore, if two members of the same family became married, the tendency latent in them would be intensified in their offspring to the enormous degree already indicated. With regard to tuberculosis, he added that, though he could not give it as an ascertained truth, yet, from his experience at the Ormond Street Hospital for children, he was led to believe that the father transmits the tendency with greater certainty than the mother, in cases where only one parent is affected.

There was also a report of the patient having had pneumothorax whilst in Brompton Hospital, from which she was discharged three months ago.

The chest presented the following physical signs: The left front was obviously larger and deeper from before backwards than the right, and the shoulder and angle of the scapula were elevated; it advanced in inspiration, Sir William Jenner thought, as much as the right. In the left lateral region there was recession of the walls during inspiration, less marked, however, than on the right side. With the exception of the second and third spaces, which receded during inspiration and bulged during expiration, and the first, which only bulged during expiration, the intercostal spaces were not on this side appreciable to the eye. The right front was a little flattened, and the intercostal spaces were depressed, while the heart was seen pulsating under the mamma. Below the nipple the chest walls receded distinctly during inspiration. There was great verticality of the ribs on both sides, especially the left. On percussion were found dulness of the left front, extending to a finger's breadth to the right of the sternum, and dulness of the left lateral region as far downwards as the margin of the thorax, and corresponding in extent to the obliteration of intercostal spaces on the right side; resonance of the supra- and infra-scapular regions, but rather less resonance of the rest of the part than would have been expected, considering the thinness of the patient; the right lateral region, from the axilla downwards, was hyper-resonant. Posteriorly the left back was dull throughout. On auscultation a faint snore was found to accompany the respiratory act before and behind on the left side; and that it was produced there, and not transmitted, Sir William Jenner thought was deducible from the amount of movement which occurred on that side. On the right side were, below the clavicle, blowing breathing, accompanied by a loud jerking snore; lower down a sort of respiratory snore, fading towards the base. The same sounds were audible posteriorly. Vocal fremitus, on the left side, was felt close to the spine, nearly down to the inferior angle of the scapula in the supra-spinous fossa, and above, but not below the clavicle. On the right side throughout it was decidedly more distinct than in the left, but faded somewhat from above downwards. The measurements were: right chest under mamma to mid-sternum, 14 inches; left, 14¾ inches; above the mamma, immediately under the angle of the scapula on the right side 13⅞ inches; left 15 inches.

The reported pneumothorax, Sir William Jenner said, had probably been due to diseased tissue having broken down in such a situation as to admit the passage of air into the cavity of the pleura; that the air had been subsequently absorbed, leaving behind it fluid, which had then some time since, by pressure upon the lung, caused its collapse.

Sir William Jenner did not recommend paracentesis for the following reasons. The disease began with pneumothorax, and from the family history of the girl, from her aspect and build, and from the almost invariable connection of pneumothorax with tubercular softening, he had no doubt that she had tubercular disease of the lung, and perforation had resulted from some softened deposit. There were no urgent symptoms to render interference necessary, and no great difficulty of breathing. If the adhesions of the compressed lung were not sufficiently strong, or the lung not covered enough with false membrane to prevent its expansion, when the fluid was let out the opening would probably be re-formed, and active mischief established. Since the temperature was natural, and there were no active symptoms, and the girl was young, it would be better to wait. In time the lung would probably get so condensed that when the fluid was removed the lung would

not re-expand, but the chest wall fall in and adapt itself, in some degree at all events, to the small lung.

Frequency of Cardiac Complication in Acute Rheumatism.—A systolic bruit at the apex being observed in a girl twelve years of age, and suffering from acute rheumatism, Sir W. Jenner said that in subjects of that age acute rheumatism, however slight the attack, rarely failed to affect the heart. In the present case the cardiac affection was confined to simple endocarditis. At the time when he was a student it had been held that all deposits in valves were the direct result of endocarditis; since then it had been taught that they were none of them anything more than coagula which had become adherent. The truth, he said, was the still more recent doctrine that the endocarditis having caused probably only a slight roughness of the valve, by a mere mechanical process this roughening whipped out and coagulated the fibrin of the blood.

Mitral Disease and Pulmonary Apoplexy.—Sir William Jenner called attention to the freedom from any tendency to pulmonary apoplexy of patients affected with well-marked mitral regurgitation. He said that, contrary to the opinion of some authorities, neither this nor aortic disease is usually followed by pulmonary apoplexy; while, on the other hand, mitral obstruction almost invariably is. He considered mitral regurgitation to be the least grave, and mitral obstruction the most grave, of valvular diseases of the heart.—Lancet, July 23, 1870.

—

Obliteration of Varicose Veins.—From some clinical remarks made by Mr. HAYNES WALTON during a recent visit to the wards, we gather that he is much in favour of tying varicose veins under certain circumstances, and that in his hands the operation has met with such marked success as to justify his favourable opinion of it. Remarking upon this plan of treatment to the students, Mr. Walton pointed out the value of Mr. Gay's researches which have shown that the vein which mainly suffers is not the long saphena, as is usually taught, but rather its smaller tributaries. The operation of ligaturing varicose veins was long thrown into the background by the strong adverse opinion expressed by Sir Benjamin Brodie, in which course he was followed by Key and Lawrence, so that for some years this mode of treatment shared the fate of the operation of lithotrity, which was the powerful opposition of Brodie pr from coming into general use for years. Both methods of treatmen ever, have been very generally amongst us of late and Mr. Walton that if due discretion be exercisec selection of cases, and proper caut served in the performance of the op the ligature of varicose veins is as as effectual a proceeding as any which has been proposed. Mr. never operates as long as fair reli tained from elastic stockings or be When these means fail, however, the is put to bed and kept at rest for a fe with a cold lotion to the affected then the swollen vein is obliterate usual manner. Much stress is lai method of introducing the pin, whi be inserted vertically through the the side of the vein, the point carr round, and thrust sharply out on th side. Mr. Walton generally follc plan suggested by Mr. Henry Lee, ing the vein between the points of c sion; not with the object of rende operation more effectual, but m prove that the vein is properly secu not transfixed, transfixion by a operator being the great source of d this otherwise highly satisfactory tr During the past year Mr. Walton on seven of these cases, and each ti a successful result.—Med. Times a Aug. 13, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGEN

Treatment of Chancroids By Dr C. SHOYER, of Leavenworth, Ka have been most successful in th ment of chancroids by the followi I apply subnitrate of bismuth as a powder with tannin (but do not th latter essential) as follows: ℞.—I subnit. ʒj; tannin ʒj —M. S.—Ap and morning. I also apply an oin the same, ʒij bismuth., ʒj adeps, o old linen, to prevent contact of the Internally the following: ℞ —Ferri e tart. ʒijss; potass. chlorat. ʒiss ʒiv.—M S.—One half teaspoonfi meals. The worst cases recover

days. I order the parts washed with soap and water twice a day, and then dusted; afterwards the unguent applied on cloth.

—

Case of Malformation, with Tumour in Pelvis. By J. GRAHAM, M. D.

I delivered, June 28th, Mrs. S. of a female child which presented the following peculiarities: The hands had each six fingers, and each foot six toes all perfect in shape. The upper jaw had a double row of alveolar processes, and there was a large tumour projecting from the right iliac fossa.

The child had but indifferent health for three months, when it was attacked with diarrhœa which lasted a week. The bowels then suddenly became constipated, and this constipation resisted all remedies for six days, when death occurred.

On post-mortem examination I found a large fluctuating tumour in the right iliac fossa, projecting deep down into the pelvis, and connected by intimate adhesions with the bladder in front, but not communicating with it. This tumour had slight adhesions with the rectum also behind, and pressed upon it, causing obstruction of the bowel.

The tumour weighed 1 lb. 2 oz. Avoir. and was filled with thin, unhealthy, fetid pus.

The child had no womb, and a probe, passed up the vagina to its upper part, entered the bladder.

Mrs. S. has one child living, perfectly formed, and healthy. During her last pregnancy a friend visited her, and mentioned in conversation that she had six toes. Mrs. S. examined the foot, and was astonished at such a wonderful deformity.

—

Dislocation of the Hip-Joint of Ninety Days' Standing Successfully Reduced.—Dr. H. H. KIMBALL, of Minneapolis, Minn., gives (N. W. Med. and Surg. Journal) an account of a case of this which occurred in a girl ten years of age. The head of the femur is stated to have been in the thyroid foramen, and reduction was effected by manipulation.

—

Health Restored by the Extraction of Diseased Teeth.—J. H. HODGKIN, D D. S., of Alexandria, Va., relates (Am. Journ. Dental Sci.) the case of a woman æt. 38, who came to him with distressing pains in the head, impaired sight, and hearing, for the purpose of having the upper teeth extracted, which were badly decayed, being mere stumps. All of the teeth were extracted, with the exception of two, and she was requested to call in about three weeks, when they would probably be in a better condition and her nerves more firm. She called at the time appointed, and expressed herself much gratified, as her troubles were much mitigated, hearing and sight improved, and the distressing pain in the head almost gone. The remaining roots were now removed, and she decided to wait until she could have a permanent set of teeth before having the plate constructed. At the appointed time the patient called to have the artificial teeth constructed, and stated that the restoration of her health was entire, and has continued, a period of two years.

—

Absence of the Right Lung.—Dr. W. DICKEY relates (Cinn. Lancet and Observer) a case of a phthisical girl, æt. 16, whose left lung was somewhat larger than normal and the right lung entirely wanting, there not being even a segment at the bifurcation.

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Curious Native Plant Incrusted with Sand (Silica) Absorbed by its Roots.—By F. PEYRE PORCHER M. D., of Charleston, S C.

We observe in a recent number of the "Journal of Applied Chemistry," a brief paper on several plants which contain *silica* in their branches or leaves. We feel sure that we have in this locality one which surpasses, in this respect, all those referred to in the above paper. It is stated there that the mulberry and cherry-tree contain respectively 15.28 and 21 28 per cent. of silica; that the stinging leaves of the nettle are composed of it, and hence that they break into the wound caused by puncture with them. Silica is found in the leaves of the common sunflower and golden rod; also, in the hard bristles and leaves of the elm, hops, and pellitory. We know, also, that it is this which gives hardness to the cane, and two pieces being rubbed together in the dark will, it is said, emit light.

Our attention having been attracted to the large amount of sand found in heaps of pine leaves which had been burned, we are inclined to the belief that this results from the indestructible residue of sand in their composition. The amount of this will sur-

prise those who will be at the pains to examine for themselves.

A plant, however, which grows in the pine lands throughout the lower country of South Carolina, will, we think, be found to contain a larger proportion of silica than any other. The leaves of this little plant are so rough (what the botanists designate as *scabrous*) that it is called the "polishing weed," and it is used as a substitute for sandpaper in polishing horns and cleaning tables and household wood-work. It is known technically as the *Diplopappus linarifolius*, Hooker, *aster* of Mr. Elliott's sketch, and is not more than a foot in height, with blue flowers, resembling the asters, with which it is closely allied.

A recent examination of these leaves with a microscope of high power discloses a remarkable arrangement. The silica coats the entire leaf as if with a layer of transparent glass, which juts out at intervals into little curved, sharply pointed thorns, which are invisible to the naked eye, and which add to its efficiency as a fine polishing agent. It possesses no known medicinal properties.

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Death from Chloroform.—W. W. L., a young merchant of Chicago, died in that city recently from the effects of chloroform, which was administered by Dr. Beeve, for the purpose of removing a cystic tumour over the left eye. The operation was nearly completed, when Mr. L. suddenly threw back his head, his neck became stiff, and he gasped. Efforts were made to restore him, but without avail. In half an hour he was dead. A coroner's inquest brought in a verdict of death from paralysis of the heart, produced by the inhalation of chloroform.—Brit. Med. and Surg. Journ., Sept. 8th, 1870, from Boston Daily Transcript.

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Private Asylum for Inebriates and Opium Eaters.—An institution of this character has recently been opened at Greenwood, Mass., eight miles from Boston, by Dr. Albert Day, late Principal of the Binghamptom Asylum for Inebriates.

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Inebriate Asylums.—STANLEY HAYNES, M. D., Medical Superintendent of Laverstock House Asylum, near Salisbury, England, in a recent letter to us, states that he desires to obtain full information concerning the Inebriate Asylums of the United States, to learn the legislation in force (with any contemplated amendments), to receive reports of the working of the system with statistics of treatment, and to be fully informed of all particulars in regard to the subject, with the view of aiding in the proposed legislation concerning habitual drunkards in Great Britain.

Those of our readers who can furnish the desired information, will, by doing so, promote a highly laudable and philanthropic purpose.

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OBITUARY RECORD.—Died, in New York, of paralysis, Sept. 5th, 1870, GUNNING S. BEDFORD, M.D., late Professor of Midwifery in University Medical College. Dr. G. enjoyed high reputation as an obstetrician, he was a most popular lecturer, and was well-known abroad as well as at home by his excellent work on Midwifery and other publications.

FOREIGN INTELLIGENCE.

Death from Chloroform.—A case of death from chloroform is reported from Liverpool. The patient, a man of 42, was admitted into the Royal Infirmary suffering from disease of the right foot. An operation was deemed necessary, and chloroform was being administered, when he sank rapidly and died in a few minutes. The post-mortem revealed diseased heart and kidneys.—Med. Times and Gaz., Aug. 20, 1870.

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Smallpox in India; Protective Power of Vaccination.—Dr. ROBERT HARVEY, in a sketch of the late epidemic of smallpox in Bhurtpoor, reprinted from the Indian Medical Gazette, shows, by a long series of facts, the value of the vaccine agent in protecting life and health. The effects of revaccination were strikingly marked in several regiments. With regard to vaccination in general he says: "The whole series of cases goes to show that the protective power of vaccination in our British force is very strong. In upwards of thirty stations in most, if not in all, of which cases of smallpox occurred among the general population and in some of which, as Muttra, the disease was raging furiously, no British soldier was attacked. There was but one case in each of eleven of the twenty-two stations where cases occurred. Delhi, with its 16

deaths, was one of these. Jullunder, 'where it raged,' another. Umballa, Nowgong, Shahjehanpoor, Dum-Dum, Sealkote, and Peshawur, several of them large garrisons, were others. At Benares, where a very imperfect system of registration recorded 518 deaths among the natives, there were only two cases in the three corps forming the English garrison. At Allahabad, where 403 deaths were registered, where I know the disease to have been severe, and where Dr. Irving says, 'The mortality is evidently very far short of the truth,' there were eight cases and one death in two batteries of artillery and H.M.'s 58th Regiment stationed there."—Med. Times and Gaz., Aug. 20, 1870.

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Milk as a Preservative against Lead Poisoning.—M. DIDIERJEAN communicated, May 10th last, to the Academy of Sciences, a note on this subject. He stated that in his manufactory the workmen in red lead often suffered from lead poisoning in spite of many precautions, such as the use of sulphuric acid lemonade, of which the men soon became tired, attention to cleanliness, frequently working in the open air, etc. Towards the latter end of 1867, his attention was drawn to two workmen long in his employ, and who had never suffered. These two workmen had habitually taken milk at their meals. This led M. D. to recommend milk to the other workmen, and from the month of February he rendered it obligatory on them to do so. After a short time the men were satisfied with the good effects of that drink, and now for more than eighteen months he had not had a single workman affected with lead poisoning.

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Treatment of Lead Colic.—Dr. EULENBURG, in a lecture on lead colic (Med. Times and Gaz., July 9, 1870), states that it is a curious fact, confirmed by the best authorities (Stokes, Bamberger, Niemeyer, and others), that in lead colic no better treatment exists for the obstinate constipation than that by the narcotics, which under other circumstances usually confine the bowels, and more particularly opium. This drug, as well as morphia, must be used boldly and repeatedly in such doses as will produce decided results. A more powerful and rapid action than is produced by the internal administration of narcotics may be derived from the use of hypodermic injection of morphia and opium, by which I have seen the most striking effects produced, especially immediate relief to the tormenting pain and cessation of spasm. Other drugs—as belladonna, hyoscyamus, nux vomica, and nicotine—are more uncertain than opiates. Chloroform may be recommended internally, as well as for inhalation and for embrocation to the abdomen. The same applies to Aran's liquor anæstheticus. For my part, I consider all remedies superfluous, with the exception of opium and morphia. Cases which are not relieved by these two will certainly not be benefited by the others, whilst the reverse of this is often the case. This peculiar mode of action of the narcotics is partly explained by the experiments of Nasse; he finds that opium and strychnia increase by reflexion the irritability of the excito-motor ganglia of the intestines. These latter may thus counteract the effect of the "inhibitory" (hemmende) fibres of the splanchnic nerves, the irritability of which is increased during the paroxysm.

Evacuant medicines are serviceable for the purpose of eliminating lead; they are, however, insufficient for the treatment of constipation during an attack or during a series of attacks. This applies not to the mild aperients only, as senna, sulphate of potash and soda, calomel, and ol. ricini, but to the drastic purgatives also, of which croton oil is most valued. A mixed method of treatment, combining the narcotics and purgatives, has become justly established. The former are most appropriate at first, but when the pain has been removed by them and the first motion passed, more powerful evacuants may then be employed. This plan is more rational than the employment of purgatives at first, and afterwards narcotics, or than the use of both promiscuously.

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Water Dressing.—M. LE FORT recently read an interesting paper at the Academy "On the Employment of Continuous Baths in the Dressing of Wounds." He observes that the great mortality arising after operations in the Paris hospitals is especially due to the occurrence of erysipelas or pyæmia. The liability to these affections not only constitutes a constant danger for the patients, but it interferes with the progress of surgical science; for the surgeon finds

himself reduced to act with an amount of prudence and circumspection not called for elsewhere. Under these circumstances the first object must be to diminish as far as possible the number of cases of spontaneous erysipelas or purulent infection, and to prevent the general dissemination in the surgical wards, which such isolated cases may give rise to. Three circumstances may influence this dissemination: the nature of the medium in which the person operated on is placed, the dietetic regimen he is subjected to, and the mode of dressing employed. The great attention which has been paid to hospital hygiene during the last ten years, and the improvement which has taken place in the diet of the patients in the direction of rendering it more tonic and stimulant, have been attended with excellent results. These have diminished the occurrence of spontaneous purulent infection; and it is to the dressing employed that we should look to impede its dissemination, while as regards erysipelas, it may not only prevent its propagation, but even its appearance.

Most surgeons, being now aware of the important part which atmospheric air plays in the propagation of these affections, whether this be explained by any hurtful properties of the air itself, or by its permitting the decomposition of pus and the production of septic matters, are anxious to prevent its gaining access to wounded surfaces. Some, pursuing the same object in a different way, have sought to prevent the absorption of infectious germs by inducing obliteration of the absorbent vessels which exist at the surface of the wound, sometimes by modifying the character of the operation, and at others by covering the surfaces with astringent or even caustic substances. The obliteration of the vessels has been sought by the aid of cauteries, especially galvanic, and by the operation of *écrasement linéaire*; but, after trying an infinite number of applications to wounded surfaces, surgeons now seldom resort to other than simple cerates, which have rather in view preventing the dressing from adhering than that of modifying the character of the wound. Even these are now rejected almost everywhere, except in France; and M. Le Fort attributes a good share of the traumatic erysipelas still met with so frequently in Paris to persistence in this mode of dressing. Various, indeed, have been the endeavours of late years to supersede this. Thus, M. Laugier has employed occlusion by means of goldbeater's skin; but, although access of air may be prevented effectually in small breaches of surface, this is far from being the case in amputation wounds with abundant suppuration. In M. Chassaignac's mode of dressing by occlusion, diachylon forms the basis, and although this is excellent in granulating wounds, M. Le Fort believes that, in quite recent wounds, it may even be a dangerous application, and that it is not unfrequently the point of departure of an attack of erysipelas. M. Guérin's apparatus for "continuous aspiration" is a very effectual means for preventing the contact of air, and the complete removal of pus as it is formed; but although excellent results may be obtained from its use in the treatment of amputation wounds, it is a complicated instrument which is difficult of application. Mayer, Langenbeck, and Vallette have sought to isolate the wound and remove the pus by keeping the stump in a permanent bath of tepid water, and the want of success this plan has met with in Paris has no doubt been in part due to the faulty apparatus employed. Properly used, it furnishes good results in amputations of the leg and forearm, but is of very difficult application, in those of the thigh. The escharotic effects of perchloride of iron, and the coagulation produced by alcohol, have disappointed the hopes once so warmly entertained concerning them—while the water-dressing as employed in England with so much general advantage has its inconveniences. Evaporation takes place in spite of the impermeable covering, especially at the edges, leading to desiccation and adhesion of the dressing, sometimes giving rise to a breach of surface that may be followed by erysipelas. Mr. Lister's antiseptic dressing does not seem to have been attended with the brilliant results once anticipated from it; but, although it does not prevent the spontaneous development of erysipelas, it certainly seems to be possessed of some advantage as regards the propagation of this disease and pyæmia by infection.

The indications, then, that surgeons have in view in the different modes of dressing may be succinctly stated as—the protection of the wound from the contact of air; its modification when possible, by medicinal agents; the maintenance around it of a certain amount of moisture; the pre-

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a single case of erysipelas
th, in a ward where a great
nen have been treated for
lesions often of a very grave
character. Formerly, when I practised an important operation, such as an amputation, my chief fear was lest purulent infection should supervene. Death was then a perpetual menace, whereas now recovery is the normal issue of active intervention."—Med. Times and Gaz., June 18, 1870.

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A New Antiperiodic.—Dr. LORINSER, of Vienna, gives in the Weiner Medizinische Wochenschrift for May 14th, the results of a number of observations made regarding the effect of a remedy for intermittent fever. The remedy is the tincture of the leaves of the Eucalyptus globulus, a plant of the natural order Myrtaceæ. In 1869, Dr. Lorinser made some experiments, the results of which he published; but he was brought to a standstill by the want of a supply of the medicine. The plant has since been cultivated by Herr Lamatsch, an apothecary; and a sufficient quantity of tincture has been made from the leaves to supply a number of medical men in the districts of the Theiss and Danube, and in the Banat. The records of fifty-three cases of intermittent fever in which the eucalyptus was administered have been communicated to Dr. Lorinser; and he gives very brief outlines of each, with the following summary of the results obtained. Of the fifty-three patients, forty-three were completely cured; in five, there was relapse in consequence of a failure of the supply of the tincture of eucalyptus, and quinia had to be employed; two of the cases were not true ague: in one case, neither the eucalyptus nor quinia cured; in one, the medicine (as well as other remedies) was vomited; and in one the patient would not allow the treatment to be continued. In eleven of the cases, quinia had been used without effect; and nine of these were cured by the eucalyptus. There was return of the fever in ten cases, at intervals varying from one to four weeks; in five of these, quinia had to be used in consequence of there being no tincture of eucalyptus, and in the other five the eucalyptus was successfully employed. The tincture is said to be easily made, and to have a pleasant aromatic taste; it acts favourably on the digestive organs. Dr. Lorinser believes that in it we have a valuable remedy for intermittent fever. It may be so; but, considering the comparative failure of the substances which have hitherto been recommended as substitutes for cin-

chona and quinia, still more extended and careful observation will be necessary before recognizing the claims of the eucalyptus globulus to rank as an antiperiodic on which dependence can be placed. The districts which Dr. Lorinser has chosen for testing the effect of the remedy are, we believe, well fitted for the purpose—intermittent fever being very prevalent in them.—Brit. Med. Journ., May 21st, 1870.

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Injections of Ammonia into the Veins as an Antidote to Snake-poison.—We have always distrusted this boasted discovery of Prof. Halford, knowing how often it occurs that when persons are bitten by venomous animals, a lethal dose of poison is not received into the system, but only enough to cause more or less alarming symptoms, which subside after a time spontaneously, while whatever supposed antidote happens to be administered is credited with the cure.

So far as regards Prof. H.'s antidote the following editorial remarks in the Lancet (May 3d, 1870) seem to be perfectly just.

"He has not adduced a single case in which genuine poisoning seems to have been neutralized, or in which the administration of ammonia by the mouth would not have produced precisely the same effects as its injection into the veins. So far as a tolerably extensive examination of the "literature of the subject" enables us to judge, there is no recorded case of genuine snake-poisoning in which the injection of ammonia into the veins can be credited with any specific action. The experiment has been tried by men of scientific eminence, but cannot yet be said to have succeeded. Prof. Halford has still to square accounts with Dr. Fayrer, of Calcutta, who, after repeated and patient trials, found himself unable to announce to the Government that a remedy (to say nothing of an antidote) for snake-bite has been found."

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New Antiseptic.—Mr. JOHN GAMGEE recommends (Lancet, Sept. 3d, 1870) the hydrated chloride of aluminium as possessing extraordinary value as a general antiseptic—"indeed, as a substitute for the very poisonous solutions of chloride of zinc: the caustic carbolic acid, which from its smell cannot serve for many purposes; chloride of lime, which evolves the most unpleasant fumes when used in water-closets or elsewhere; the permanganates which stain; and sulphurous acid, which cannot be conveniently used in hospitals in the sick chamber."

This new antiseptic, which Mr. G. t*chloralum*, is non-poisonous, entirely void of unpleasant smell, and may perfect safety be used for the preserv of edible articles, such as meat, fish, et

For ordinary disinfecting purposes tions varying from 1006 to 1010 sp gravity, are quite strong enough. quite harmless to vegetation.

"In the dead house, the dissecting-r museum, and laboratory, chloralum wi found invaluable."

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Contagiousness of Phthisis.—HR. PE SEN (The Disputed Contagiousness an oculability of Pulmonary Consumption Tuberculosis, Kjöbenhavn, 1869) sum the results of his inquiries and of his observations in the following propositio

"1. That a contagious origin of cases of phthisis cannot on sufficient gro be denied; 2. That phthisis caused by tagion is in general of a very dang and inflammatory character; 3. Th must justly be considered hazardous t in the non-disinfected bed of a phth patient, and to be habitually in too contact with such a person; 4. That danger in Denmark seems to be great the warm period of the year."—Brit For. Med.-Chir. Rev., July, 1870.

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Tuberculosis and Cancer.—The co tion of these diseases has been for time past the object of anxious thoug the part of medical men. Facts ha distinctly obtruded themselves on the tion of observers that the mere collecti cases will go far to establish a relatio between tuberculosis and cancer. A the most intelligent physicians who clinically studied the subject is Dr. Bu of Vierzon, in France. On the 17t May last he read a paper before the A emy of Medicine of Paris, in which stated that the diseases have been obse in more than one hundred families, bot the author and his father, to whose pra he has succeeded. It was found parents affected with cancer had chil who presented the tubercular diath Dr. Burdel's memoir is remarkable, only for the care with which the stati

were collected, but also for the sober manner in which theorizing is attempted. The facts speak so forcibly that the profession cannot fail to be struck by them. It would be well if one of our societies would next winter appoint a committee to receive reports from medical men all over the country respecting their experience on this important subject.—Lancet, July 16, 1870.

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The Intestines and Abdominal Viscera cut through by the passage of a Railway Train over the body with scarce any injury to the Abdominal Walls.—R. A., æt. 19, was found lying on his back, just inside Euston Station, straight across the outer rail, with his head between the rails, and his hat tilted over his eyes. He was alive when found, but died in a few minutes. The body was at once brought to University College Hospital. It was clothed in a long jacket, waistcoat and trousers of thick coarse cloth, on which the marks of the carriage-wheels were plainly visible. Only a few pence were found in his pockets. There was not the smallest wound on the body, and only a few abrasions of cuticle across the abdomen. After some hours, pretty extensive ecchymoses appeared. On opening the abdomen, all the abdominal muscles were found completely cut through, horizontally, retracted, and curled up, leaving a gap five or six inches wide. The back muscles were in the same condition. The right kidney was cut in half. The transverse colon and a large piece of the ileum were lying free in the abdomen; and the body of the third lumbar vertebra was crushed literally to powder; everything was divided except the skin. The rest of the body was healthy.—Brit. Med. Journ., Aug. 20th, 1870.

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Natural History of Contagia.—Dr. Burdon Sanderson gives, in the report of the Med. Depart. of the Privy Council for 1869, the result thus far of the series of admirable and singularly important microscopic investigations, which he has commenced with the view of making direct studies of the intimate nature and natural history of the contagia. We shall take the opportunity when the time and space permit, of analyzing this part of these Reports more minutely; meantime, we shall allow Mr. Simon to express his view of the value and result in his own well-chosen words.

"Dr. Sanderson's present report does not pretend to be more than introductory in the matter. It discusses generally the ultimate constitution of the contagia; showing experimental reasons, which we think conclusive, for believing that each contagium, as regards its physical form, consists essentially of *extremely minute separate solid particles;* and arguing, on grounds which we think scarcely less certain, that these effective particles of each specific contagium are *living self-multiplying organic forms.* In my annual report of six years ago, when incidentally I had occasion to refer to the intimate nature of morbid infection, I quoted as of extreme interest to that question, the experiments of Professor Schröder and M. Pasteur on the ordinary processes of fermentation and putrefaction; experiments, purporting to connect each specific fermentatory or putrefactive change with the presence and self-multiplication of some characteristic form of microscopical life; but at that time, though I could claim for zymotic pathology the utmost interest in an extension of these experiments, I was obliged to admit that 'the conclusiveness of the experiments, in the field to which hitherto they have been confined, is still matter of the warmest scientific controversy.' It will now be seen that the views indicated in Dr. Sanderson's report with regard to the agencies of morbid infection are (*mutatis mutandis*) the views of Professor Schröder and M. Pasteur on the agencies of fermentation and putrefaction; and I think it will be admitted that the latter views are importantly strengthened by the evidence which M. Chauveau and Dr. Sanderson supply from their other sphere of study, and with experiments of a new and critical kind, as to the essentially particulate form in which the morbid ferments exist and multiply. Professor Hallier's very striking doctrine that contagium-particles, or (as we propose to call them) *microzymes*, are the respective micrococci of certain higher fungic forms which he names, and into which he maintains they can be artificially cultivated, is fully set forth in Dr. Sanderson's report, but has not yet come under our experimental examination. Knowing that all contagia (as such) are distinct one from the other, and believing that each of them has its essence in the so called microzymes which it contains, we by implication impute to the microzymes that in different diseases they are not identical; and as we

affirm them to be dynamically different, so also we assume that, under well-devised differential experiments, other signs of their specificity may be brought to light, and for each sort of them a definite genesiology be written. Hitherto, however, no work has been attempted by us but such as is more or less common to all contagia. And the extremely difficult task of devising the differential experiments which may settle this new branch of natural history is among the obligations of the future."—Brit. Med. Journ., Sept. 3, 1870.

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Cigarettes of Cannabis Indica.—The cigarettes of Cannabis Indica, made by Gremault, of Paris, have been found most efficient in the treatment of affections of the organs of respiration and circulation, no less than in affections of the central and peripheral nervous system. The unpleasant effects which so often follow the internal and subcutaneous use of opium and of Cannabis Indica are not produced by the cigarette. Their use is recommended (1) in spinal neuroses, chorea, and epilepsy; (2) in neurosis of the sensory nerves. neuralgia of the teeth, branches of the fifth pair, the sciatic nerves; (3) neuroses of the motor nerves, spasm of the throat air passages; (4) affections of the sympathetic nerves, hysteria, and other diseases not attended with plethora, and congestion of the head, heart, or lungs. They are especially useful in asthma, pertussis, spasm of the stomach and intestinal canal, nervous palpitation of the heart, and exert a quieting influence over the whole nervous system.—Med. Times and Gaz., July 2, 1870, from Allgemeine Med. Zeit.

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Hypodermic Injections.—Hypodermic injections of various kinds are now so frequently used, and the operation appears so superlatively easy, that we are somewhat apt to forget how much the comfort of the patient may depend upon the maker of the instrument used, and upon the manipulation of him who uses it. Whatever form of syringe be employed, good needles and suckers are the first desiderata. Gold and steel needles are used; but we have little hesitation in recording that those made of the latter metal are the best, if very fine and delicately pointed. Only those who have been the subjects of operation with needles of various kinds can properly appreciate the skill of the accomplished workman in t matter. Too much care cannot be e ployed in the making and fitting of suck Strongly acid injections are frequently us the action of which no suckers will l withstand; and as it is necessary that th suckers should be renewed at freq intervals, it is also equally necessary that workmanship should be perfect, so a insure perfect accuracy as to quantity injection. The working of the instrum is specially worthy of attention. A fa leasly clean syringe, a very fine and sh needle, well oiled, are necessary ite The point of the needle should be int duced with the opening downwards, a the piston, whether plain or screw, shou be depressed gently and at regular int vals; for the quick and forcible introdu tion of any fluid under the skin is alwa irritating, and often very painful inde The needle should be withdrawn gent and without any rotatory movement, a the wound of the skin closed with the fi ger for a minute or two after the operati Lancet, Sept. 3d, 1870.

Variations in Maternal Milk.—M. Lo SOURDAT has addressed to the Frer Academy of Sciences an observation the unequal production and differing co position of the milk from two breasts of same woman.

Having noticed the very remarka preference manifested by the infant for right breast of its mother—a prefere shown by two previous children—and h ing at the same time made the remark t the right breast was much larger than other, and gave double the quantity of m he thought it worth while to make exa nation of the milk from each. He arri at the following conclusions:—

1. The composition of the milk produ by the two breasts, taken together, is fi day to day very variable, although there no appreciable change in the state of hea But temporary fatigue, or change of d or the keeping of the milk in the brea is sufficient to cause this difference. Th in analyses, the dried residue varied fr 10 to 13.70 per cent. The density was s very variable. He obtained for the m of the two breasts specific gravities vary from .980 to 1.031.

2. The composition of the milk var materially in each breast. Thus, tha

the right breast, in addition to being much more plentiful, was also richer in the ratio of 1.20 to 1 for a minimum, to 1.74 to 1 as a maximum.

3. In these conditions the butter was usually secreted in a much greater quantity in the right breast, in the ratio of 1.50 to 1 (minimum), and 9 to 1 (maximum).

4. Azotized substances, such as caseine and albumen, were also secreted in much greater quantity in the right breast, in the proportion of 1.90 to 1.

5. The soluble principles, lactose and salts, were found to be secreted almost equally in each breast.—Med. Press and Circular, Aug. 3, 1870.

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Relapsing Fever in Liverpool.—The epidemic of relapsing fever in Liverpool shows no sign of declension. Indeed, it is said by some of the gentlemen who are engaged more especially in watching it, to be assuming a severer type as well as greater extension.—Med. Times and Gaz., Aug 20, 1870.

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Cæsarean Section after Death of the Mother; Child Saved.—Dr. Beckmann published in the *Berliner Klin. Woch.* of Dec. 20th, 1869, the case of a woman, aged twenty-five, who, in the eighth month of pregnancy, died of apoplexy. With the consent of the husband, the Cæsarean operation was performed within five minutes after the mother's death, and a male child, weighing hardly four pounds, extracted. It was seemingly dead, but by dint of persevering efforts at artificial respiration life was recalled; and by means of breast milk obtained from a neighbour, the boy did well, and has been frequently seen by Dr. Beckmann since March, 1867, when the operation was performed. A similar case has been published by Dr. Ploss in *Monatschr. für Geburt. und Frauenk.* of August, 1869.—Lancet, July 16, 1870.

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Freezing and Ventilating Machine.—The British Med. Journ. (August 27, 1870) contains a notice of a new freezing and ventilating machine, invented by Franz Mulhausen, C. E., of Brunswick, Germany. In the construction of this machine, the cold is produced by the mechanical expansion of atmospheric air. It produces, when in operation, any desired degree of cold, freezes water without the use of any chemical agents, and will effectually cool and ventilate any apartment or building, on whatever scale, large or small. The labour of one man, with a small five-horse motor power machine, will produce 100 pounds of ice an hour, and cool 15,000 cubic feet of air from thirty to fifty degrees below Reaumur. If future trials with this machine should confirm what has been said of it, its value for various sanitary purposes as well as for domestic comfort can hardly be overated.

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Differences of Opinion between Medical Men less than between Members of the Legal Profession.—Reference is often made by public writers to the conflict of opinion which is commonly found amongst medical witnesses. Lawyers are most apt to refer to this diversity of judgment—rarely in complimentary terms—most often to suggest or to point the conclusion that judgments so divided in their course and so little consistent are of slight weight and deserve little consideration. A barrister furnishes us this week with facts that should modify that opinion, if strict analogy can serve to afford an illustration or to point an argument. The analysis of the decisions of Lord Justice Giffard, sitting alone in appeal cases from January to June, 1870, shows that of forty-one appeals from various courts, the decisions of those courts were affirmed in seventeen cases, reversed in nineteen cases, and varied in five cases. In applying this illustration to the cases of difference of opinion amongst medical experts in courts of justice, it must be remembered that in the great majority of cases to be decided—say 90 per cent. of railway compensation cases—medical opinion is unanimous. And such cases do not come into court. It is only where doubts and difficulties arise that a judicial decision in court is ordinarily asked. The cases of agreement, which are most numerous, are settled out of sight. Moreover, it is only fair to take into account the essential elements of mystery, individual vital differences, and special combinations, which surround each medical case, and obstruct the arrival at certainty. In legal decisions, all the conditions are known, and the principles to be applied are ascertainable. The process is one of pure reasoning, free from conjecture. Yet it does not seem to be productive of complete unanimity in the end.—Brit. Med. Journ., June 18, 1870.

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The new edition of which was announced in the June number, needs no introduction to our readers. It is pre-eminently *the* text-book. This edition comprises much valuable new matter upon the topics—general anatomy, the development of the ovum and fœtal structures, and a compendious introduction to the study of microscopic anatomy. We scarcely see how the book can be further improved for the student. All else wanting can be furnished only by the scalpel and cadaver.—*Chicago Med. Journal*, July, 1870.

We can honestly say that it is the *best* anatomy in the English language.—*Nashville Med. and Surg. Journal*, Aug. 1870.

The new edition of this very valuable treatise is in many respects an improvement upon the editions which have preceded it. Those already familiar with the work will be struck at a glance with the more systematic arrangement of the subjects embraced in it. Much labor has evidently been expended in the preparation of the very recent English edition, of which this is a transcript, and new cuts and a large amount of matter have been added, to keep this useful work thoroughly up to the requirements of the day, and to preserve its reputation as the best exponent of the present state of anatomical science, which the student can consult.—*Am. Journ. Med. Sciences*, July, 1870.

The wonderful excellence of Gray's Anatomy.—*Cincinnati Lancet*, July, 1870.

This now quite indispensable manual of anatomy.—*California Med. Gazette*, July, 1870.

The anatomy of Mr. Gray is so well known, and so highly appreciated, that the simple announcement of a new edition will probably be all the information the profession need. The work is incomparably the best of its class extant, and no practitioner of surgery or medicine can afford to dispense with it. To refresh one's memory in time of need, its capital illustrations and admirably arranged text make it the best adapted book on anatomy we know of.—*Baltimore Med. Journal*, July, 1870.

As a text-book it leaves nothing to be desi and we cordially commend it to both student practitioner as the best work extant upon the ject of which it treats.—*National Med. Jour* July, 1870.

It has become the favorite text-book of m American schools—and this is saying much its favor. One of its chief merits is the appli tion of its demonstrations to Surgery.—*Pac Med. and Surg. Journ.*, July, 1870.

So well known has Gray's Anatomy beco throughout the whole country that it would superfluous for us to enter into any detai description of it.—*Cincinnati Med. Reperto* July, 1870.

The work of Dr. Gray must stand among first on general anatomy.—*Indiana Med. Jour* June, 1870.

This superb volume comes to us in a sh that seems to realize all that could be desi in a work on anatomy. No labor has been spa to make it complete in all particulars. descriptions are full and complete, the text cl and distinct, the engravings of the first orde merit, and the arrangement of the sections s tematic and judicious. This work is so favora known to the profession, that a detailed st ment of its peculiar excellences is unnecessa No one who desires a complete work on descr tive and surgical anatomy, will fail to proc this book.—*Leavenworth Med. Herald*, July,

Gray's Anatomy has been so long and so fa ably known to the student of medicine that feel it unnecessary to do more than refer to evident improvements in the new edition. the first place, we observe that the portion voted to General Anatomy has been entir rewritten, and is now presented in the form an introductory chapter of 113 pages, illustra by a large number of new engravings, furn ing the student with a clear and admirable in duction to the study of microscopic anato This chapter includes a subject entirely omi in former editions, viz., the processes of development of the fœtal state. Altogether unquestionably the most complete and ser able text-book in anatomy that has ever presented to the student, and forms a stri contrast to the dry and perplexing volumes the same subject through which their pr cessors struggled in days gone by.—*N. Y. J Record*, June 15, 1870.

As a whole, this is probably the best text- on anatomy in our language.—*Chicago Examiner*, June, 1870.

HENRY C. LEA, Philadelphia.

16. 11. 70.

THE MEDICAL NEWS AND LIBRARY.

VOL. XXVIII. NOVEMBER, 1870. No. 335.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Milk and Whey Treatment, and on Health Resorts.—By Dr. HERMAN LEBERT, Prof. of Clin. Med. in the University of Breslau. (Continued from page 147.)

Gentlemen: From the previous remarks it appears that cows' milk is particularly nutritious, containing of 14 per cent. solid matters, nearly 5½ nitrogenous and over 4 per cent. butter. Goats' milk, containing nearly the same total amount of solids, has a smaller quantity of casein, but more than twice the quantity of albumen; this is its principal difference, and perhaps on this depends its decided value in obstinate intestinal catarrhs. Sheep's milk is by far the richest and best constituted, and in addition has a more agreeable taste than goats' milk; its large amount of albumen also causes it to rank before goats' milk; one-sixth of its total weight consists of solids, and more than one ninth of its total weight (water included) are casein, albumen, and butter; it cannot be doubted that a milk of this composition recommends itself for courses of milk treatment, and it appears almost incredible that up to the present time the whey only of sheep's milk has been employed for therapeutic purposes. In the future the latter will be limited with benefit to the hygiene of chronic diseases of the chest.

In contrast with the sheep's milk stands asses' milk; rich in water, poor in solid matters, with a relatively small quantity of nutritive constituents, easily digested, a mild aperient, it is, according to my lengthened experience, adapted particularly to chronic lung diseases, accompanied by frequent exacerbation, with inclination to continuous fever, and more especially in tuberculous irritation of the lungs without catarrh of the intestines, when it is much more appropriate than whey; for this reason I have maintained for the last ten years that it should always be employed in the watering places of Silesia.

If we consider the composition of whey, we find that the casein has been totally precipitated, the albumen also (if prepared at a high temperature) and the greater proportion of the butter. On the average there remain in whey only about 7 per cent.

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of solids; the proteine and hydrocarbons are reduced to a small proportion, about 1 or 2 per cent., in that prepared without a high temperature. As principal constituents of this watery solution remain 4½ per cent. of milk sugar, and about ¾ per cent. of salts; the nutritive value of whey is furthermore the less to be taken into consideration, since it is the aim in the preparation of whey to separate the nutritious matters. Milk sugar is no physic; it differs only from other kinds of sugar in its greater insolubility and its readiness to undergo fermentation with the production of lactic acid. Hence the frequent irritation of the stomach and intestinal mucous membrane occurring during a prolonged therapeutical administration of whey.

Of the salts in the milk, part are likewise separated with the casein. The quantity of chloride of sodium in whey is scarcely worth a mention, and the same thing is true of the lime, magnesia, and traces of iron. There remain, therefore, only potassic chloride and free potash, which do not exceed ¼ or ½ per cent.; hence the salts become of no importance, particularly if we remember how very much larger a quantity of potash and its salts exist in any article of food, more especially eggs and meat. Nothing is then left in whey which has any therapeutic quality, and nothing of a nutritious kind which is not to be found better and by far more agreeable in different kinds of food. In accordance with this conclusion, I have also learnt by reports from agricultural schools that, in cattle culture, whey is looked upon as of little value, from its scanty supply of nutritive matter and its much too aqueous composition.

Now, one would be very much astonished by the fact that the health resorts in Germany and Switzerland, in which whey is largely employed, are increasing in number year by year, if one could not find an explanation in their being excellent climatic resorts, situated in protected sub-alpine regions, those in the northern district between 1000 and 2000 feet above the level of the sea, the more southern spots about 3000, and those in Engadine 5000 and more.

That, in spite of whey, many patients suffering from chronic chest diseases get better or get cured in such places, observing rest, having amusement, and being well nursed, is quite natural, and it was always to me remarkable that whey treatment has never been favourably regarded nor diffu through France, England, and Italy—i word, through by far the larger par Europe.

It is sufficient to read what authors h written on the effects of whey. S maintain that it has laxative and soft qualities, others avoid its laxative prop and lay their principal claim to its nutr (!) quality; others, again, ascribe to whey a kind of intellectual electicism promote normal cell formation, to ca dissolution of abnormal ones and elimi tion of the same; this contradiction I le to those who are able to solve it.

Usually the larger doses of whey of 1(grms. and more are not well tolerate their only effect in most cases is to rel the bowels, through the quantity of lact —about 40 grms.—but even this effect uncertain, and to spoil the appetite. cases where we intend to produce solv effects the mineral waters of Homberg Marienbad, and when we intend to prod a laxative effect the waters of Püllna s Friedrichshall are by far preferable. I the rest, if in cases of chronic diseases the chest we were to order a small diet correspondence with the solvent action the solution of lactose, we should in v many cases do great harm.

Now let me say a few words on m courses.

Is there in this mode of treatment a thing specific against diseases of the che By no means; nay, I consider that exc sive treatment by milk without any ot food in chronic diseases of the chest, in terate catarrh, emphysema, bronchiecta and tuberculosis, is positively injurious; if a certain quantity of good and fresh m be given to such patients morning and ev ing, in addition to other nutritious and s stantial food, in well-situated, sheltered, well-conducted sub-Alpine health resc then this excellent and easily-digested f will very much assist the general hygie treatment: particularly if the four diffe kinds of milk are given as the special ca may require it; cows' milk for ordin use, goats' milk when proclivity to in tinal catarrh exists, sheep's milk w nutrition is much impaired, and the c paratively dilute asses' milk where, in c sequence of existing febrile processes, other more nutritious kinds are not tolerated, which processes often occur, m

particularly in the course of tuberculosis. It is very advisable to protect such patients from frequent colds by the use of the cold sponge-bath. Such persons ought not to remain in these resorts four or six weeks only, as is usually the case, but they should continue there during the whole summer, and we shall even more and more advise them to remain there during autumn and winter, since we know by experience in Engadine and Davost that many patients suffering from disease of the chest bear the Alpine winter much better than that of the south. Of course the efficacy of these elevated health resorts for phthisis during winter is to be more implicitly propounded, and is to be demonstrated in a more strictly scientific manner than has yet been done.

Were I to be asked by medical men what, under these circumstances, becomes of the medical treatment of such patients, my reply is that, in chronic diseases of the chest, an opportunity is very often afforded of interfering by means of medicine in the treatment of symptoms, but that these patients have generally taken already too much medicine during the other part of the year, so that a climatic course of milk treatment during the most pleasant time of the year, with well-arranged hygienic measures, and the avoidance of unnecessary medicinal interference, will afford the greatest benefit to the patient. The medical officer of such a resort must, of course, be acquainted not only with the somatic suffering but likewise with the whole psychological life of the patients suffering from chest diseases.

In conclusion, I again refer to a point which has often been the subject of discussion in our clinical meetings. You have frequently heard me express deep regret that a prolonged stay in the hospital, even with the most careful nursing, is more injurious than beneficial to tuberculous patients. Nay, that even the life of many is directly shortened by breathing hospital air. It is to my mind not for a moment doubtful that health resorts in the country would be of far greater benefit to such patients. It is high time that the country, the nation, and parishes became aware that they have a duty to discharge towards the numerous victims perishing by this disease, duties not hitherto recognized.

A principal idea for the future, according to my conviction, must be to provide health resorts for patients suffering from chest diseases in the country near large cities, in well-situated, sheltered, and well-drained spots, in which pleasant walks may be taken in sunny as well as shaded forest paths. All architectural luxury may be dispensed with; hygienic propriety must constitute the main feature. The colonies for mental diseases already existing, the colonies of labouring men more and more guarded by industry and constantly improving in their arrangements, these may be taken, not as patterns, but as points from which to start.

Above all else, large saloons, and the aggregation of large numbers of patients in them must be avoided. It is advisable to have no more than two to four patients in each spacious room, in which every individual ought to have at least double the amount of air which is allotted to them in the usual hospital wards. Good ventilation must be one of the principal points, and the temperature must be regulated in each room by the thermometer being during winter not above 15° R. (65.75 Fahr.), and never below 12 R. (59 Fahr). The attendants of the patients must carefully preserve the utmost cleanliness in the bedding, linen, and closets.

Such residences for patients with chest diseases would most conveniently consist of groups of small houses, and they must not be more than one story high to avoid the ascent of stairs, by which exit into the air would be impeded. The diet should be simple. Milk of good quality must be procured. That of cows and goats will suffice for most cases. If here and there sheep's or asses' milk could be given, it would be better, but these would be difficult to get in such institutions. It would be very beneficial if large cow-sheds could be erected with seats around the walls, in order that those patients who need not be in bed may take their milk in the shed morning and evening, and remain there one or more hours. Attention must be paid to the skin; sponge-baths and friction should be used to lessen the chance of getting cold.

I do not make this proposal that it may serve as a pattern: it is my intention merely to show the possibility of execution of the scheme, that it is by no means Utopian, but capable of realization, provided that every proposition of the kind is not systematically met from its commencement with the stern expression "non possumus," or the milder

sounding phrase "we have no money." The large sums which have been spent in the improvement of certain animal tribes are, I dare say, well spent, but it seems to me a far from Utopian notion that the time has arrived in which some improvement in the human race has become necessary, even though it may be connected with what may be considered monetary sacrifice.—Med. Times and Gaz., Aug. 20, 1870.

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Clinical Lectures on Air in Wounds.—By FREDERIC G. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.

If I ask a student of surgery the reason why a compound fracture of the large bone of the thigh or leg occupies in its treatment so long a time as compared with that required by a simple fracture, I am almost invariably told, "Because the air gets into the wound." Can this be sound pathology? When the admission of air into the wound is given as the cause of the generally untoward and often serious symptoms that attend this injury, it may not unreasonably be inferred that, if not the sole, it is at all events their prominent cause. But to admit this is to ignore other causes far more probable than the presence of air—viz., the laceration and contusion and disorganization of the structures within. Suppose a healthy man to have sustained a lacerated and contused wound of the outer skin, will it unite by what is termed the first intention? No; the contused margins of the wound, or part of it, will probably slough, and the wound will heal by granulations, and instead of a week or two many weeks will be required, if the wound be large, to complete the healing process. And will not this argument suffice in the case of compound fracture, in which so much injury is done to the soft structures around? Besides, what evidence have we that air is admitted, though it is probable that it may be? and, if admitted, what evidence have we of its mischievous character? Can we reasonably infer that the bubbles of air that occasionally escape from the outer wound, indicating the decomposition of the tissues within, are the residue of the air supposed to be forced in at the moment of the accident? Surely not. If surgeons attach so much importance to the presence of air in compound fracture, why is not some effort made to evacuate it before the fracture is "put up?"

I remember hearing an eminent surg when commenting on this commonly ceived opinion of the deleterious actic atmospheric air in wounds, assert that, he undergone the operation for psoas scess, he would have had the cavity o abscess distended with air by a pair of lows! In operations for empyema hydrothorax, of which I have had a share, I have never made any attemp exclude air from the cavity of the ch and I have published elsewhere one i resting case in which, in conjunction v the late Dr. Todd, we wilfully admi sufficient air to fill a space previously cupied by six pints of serous fluid. T gentleman had not a bad symptom. In largest example of emphysema fron broken rib I ever witnessed, the air tended the areolar tissue from the ten to the soles of the feet. It was all gr ally removed—I suppose I must say sorbed—in the course of about ten d except that contained in an enormo distended scrotum, which underwent change in size, and exhibited no sig mischief. This I punctured at the ex tion of three weeks. A sudden gus air, having no offensive character, esc through the canula, and the scrotum flaccid; and in two or three days hac covered its ordinary aspect and sensib Surely if atmospheric air is so injurio is often supposed, we should obtain s evidence in favour of this opinion from results of many forms of large operati the removal of large tumours, ber lithotomy, amputations, &c. If air be mitted to the interior of the body in cases, it is doubtless absorbed. And not, admitting its occasional presenc compound fracture? With such pal causes of morbid actions as are furni by contused and lacerated structures wi which must pursue an indirect path t covery, I think we may not unreason exempt atmospheric air from all parti tion in the morbid consequences of a pound fracture.—Lancet, Aug. 20, 187

MEDICAL NEWS.

DOMESTIC INTELLIGENCE

New York State Inebriate Asylum.—are pleased to learn from a circular, rec issued, signed by Professor Willard Pa M. D., President of the Board of Trus

that at no time has the prospects for usefulness of the above named institution been more promising, or has it been in so good a condition, so far as the treatment of patients is concerned, as it is now.

It is stated that ample means are provided to meet the physical, intellectual and religious wants of the patients. The Asylum occupies a remarkably healthful and beautiful site. It is furnished with baths, and a great variety of amusements; with a good library and reading-room, which is supplied with the leading daily newspapers and the American and British magazines.

The rules of the Institution require *regularity* in regard to meals—the hours of retiring and rising—and the attendance on the religious exercises of the establishment.

The Asylum has been placed under the charge of Dr. DANIEL G. DODGE, a man of superior administrative qualifications, and towards whom there is but one sentiment prevailing with the officers of the Institution and among the patients, that of profound respect for him as a gentleman and confidence in him as a skilful physician.

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The Medical Times.—This excellent semi-monthly periodical made its appearance October 1. It is printed in handsome style, and each number contains 16 double-column quarto pages. In its arrangement it resembles the London weeklies, having departments for clinical lectures, original essays, hospital reports, editorials, book notices, transactions of societies, summary of the advancement of medical science, &c. The announced list of contributors contains many of the names most distinguished in American medical literature. It affords us pleasure to extend a cordial welcome to "The Medical Times," and we hope that it will achieve the success which its first numbers indicate it merits.

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Philadelphia Hospital, Blockley.—Dr. HARRISON ALLEN has been elected one of the attending surgeons to this institution, vice R. J. Levis, M. D., resigned.

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Albany Medical College.—An official denial has appeared of the slanderous statement recently circulated that this school had affiliated with homœopathy. The high standing of the professors should have prevented currency being given to so dubious a report, and that on the authority too of merely an anonymous newspaper correspondent.

FOREIGN INTELLIGENCE.

Hydrochlorate of Quinia in Hooping-Cough.—Dr. BRIEDENBACH calls attention to the benefit that may be derived from this remedy in hooping-cough when other means have failed. It has already been recommended by Binz. It requires to be administered in comparatively large doses. To a child of three weeks, Dr. Briedenbach gave a grain and a half per diem; and to one of eight years as much as fifteen grains per diem. The improvement was in general speedily manifest; and no ill effects were observed, nor was it ever necessary to diminish the dose. In one severe case the violence and frequency of the attacks abated within forty-eight hours; and a sub-conjunctival ecchymosis, that had previously been persistent, showed symptoms of absorption.—Lancet, Sept. 24, 1870.

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Hydrate of Chloral in Cerebro-Spinal Meningitis.—Mr. J. B. CHAGNON relates (Canada Med. Journ., Sept. 1870) a case of cerebro-spinal meningitis successfully treated by chloral hydrate, and states he believes this medicine "has never been administered before in this disease." By referring to the number of this Journal for August last, p. 120, he will find that Dr. A. Patton, of Vincennes, Ind., had previously employed it, and reported very favourably of its effects.

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Ipecacuanha Cultivation in India.—It is stated in "Nature" that there has been a good report made of the progress of ipecacuanha culture in India, where it is found so valuable in that prevalent disease, dysentery.

It will be remembered, that ipecacuanha was introduced into Europe more than two centuries ago, as a remedy for dysentery, and that Helvetius subsequently employed it as a nostrum, and having cured by it the dauphin and several distinguished persons of the court who were troubled, with dysentery, he sold his secret to Louis XIV. for one thousand Louis d'or. Baglivi says: "The root of ipecacuanha is a specific and a remedy almost infallible in the dysenteric fluxes." It has been used

with success by a large number of British practitioners in India, and its value is generally recognized. For a full account of this article, see the excellent history of it given by Dr. Stillé in his "Therapeutics and Mat. Med.," third ed. vol. ii. p. 388, also Waring's "Practical Therapeutics," p. 389, the Nos. of the "Am. Journ. of the Med. Sci.," for Oct. 1860, p. 381; Oct. 1861, p. 550; and July, 1862, p. 231; and the Reports of British Army Surgeons in India.

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Tetanus treated by Woorali, Calabar Bean, and Chloral Hydrate.—Mr. Lawson Tait records (Lancet, Oct. 1, 1870) three cases of traumatic tetanus; the first treated by woorali, the second by Calabar bean, and the third by chloral hydrate. He very justly remarks that "perhaps there is no disease about which men rush more ardently into print than tetanus; a single case often constitutes a paper, and from it other practitioners are led to use the vaunted remedy, only to meet with disappointment, and few record it. It has been my misfortune to see a good deal of tetanus, and I have tried many remedies, but always with the same result. If the patient lives over the twelfth day of the disease he is almost certain to recover, whatever be the treatment. The acute cases terminate in from twenty-four hours to three days, and nothing seems to help them in the least; except perhaps that chloral hydrate gives them an easier death than they have without it. The last three cases of acute tetanus which I have seen I have treated severally by woorali, Calabar bean, and chloral hydrate. The results have been unsatisfactory as usual, and in the first case (treated by woorali) I believe that death was, if anything, hastened by the treatment. In these cases elaborate notes were taken of the temperature, pulse, &c.; but as they reveal nothing not already well known, they are omitted."

"In these cases," he adds, "it cannot be said that the treatment was of the slightest use, except that in the last case the chloral saved much suffering both to the patient and his friends. This could be formerly done with chloroform, but with much more trouble, and with no more satisfactory result. I fear that even chloral is not to prove of the value in the treatment of this terrible disease which some of the members of the French Academy recently predicted fo The other two drugs are still more usele

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Interesting Autopsy of a Case of Frac of Neck of Femur caused by attempted duction of Dislocation of that Bone.— tempts at reduction were made, thirty h after the accident, upon an old man suff from luxation of the head of the femur a the pubes. As ordinary parallel tra and the rotatory method had failed, patient was stretched on the ground order that circumduction and moderate t tion might be carried out. Although Verneuil was unaided in his efforts, neck of the femur snapped at the very set of this manœuvre. The head of bone, however, remained fixed. The pat died four years afterwards, at the Asyl for Aged People. On examination it found that the caput femoris was quite lated from the shaft by a fracture situ at the junction of the neck and the chanters; and that it rested on the m between the anterior superior spinous cess of the ilium and the ilio-pecti eminence. The head of the bone strangulated by a loop formed externally the tendon of the rectus femoris, and ternally by the psoas. The tractions w had been made had, of course, a tende to tighten the loop.—Lancet, Aug. 20, 1

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Animal Vaccination.—The report on subject by Dr. Seaton, contained in twelfth Privy Council Medical Repor as the very name of its author insures, a complete and careful document. For sake of the many and manifest advant that would seem likely to accrue from system, we regret to record that Dr. Seat testimony is entirely condemnatory c employment. He finds that the degre success attending the practice of an vaccination is low, and such as to const a serious drawback to its use; while n training and practice are required be even that low degree of success can secured. He therefore believes that general introduction could not fail to ca the presence in the community of a l and constantly increasing number of un tected or imperfectly protected persons, thus to become a source of extensive fatal epidemics of smallpox.—Lancet, A 20, 1870.

The experience in Paris during the recent epidemic of smallpox there, is to the same purport.

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Phosphate of Lime.—A book has lately been published in Paris, by M. Dusart, on the physiological and therapeutical properties of phosphate of lime. The author maintains, after numerous experiments in the animal kingdom, that this salt is the natural exciting agent in the functions of nutrition; that it induces the albuminoid matter to assume the cellular shape; and that it controls the formation of tissues. In short, according to M. Dusart, phosphate of lime is eminently an agent of nutrition. This view holds good, also, in respect of the vegetable kingdom; and the author asserts that the salt in question is concentrated in the leaf bud, but is almost absent from the fully developed leaf, so as to become concentrated in the seed preparing for the ultimate development of the embryo. M. Dusart points out that the phosphate of lime is always conjoined with nitrogenous matter in plants; and that the relative proportion of the salt and the nitrogen is always identical, wherever they are met with. In animals the same phenomenon takes place; and when they are made to feed much upon the phosphate, they absorb more food, and increase rapidly in weight, owing to the transformation of the albuminoid matter contained in the food into muscular fibre.—Lancet, July 23, 1870.

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Diagnosis of Insanity.—An inquest was recently held at Louth, in Lincolnshire, on the body of an old man who had committed suicide, and the question was raised as to whether his mental condition for some time previously had not been such as would have justified the medical officer of the district in giving a certificate for sending the man to an asylum, whereby his death might have been averted. The coroner, however, took a proper view of the case, and pointed out that the penalties of the law were so severe for pronouncing a person insane without sufficient grounds, that a medical man was not justified in signing a certificate of lunacy without the most positive evidence of the fact.—Lancet, Oct. 1, 1870.

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Adhesions in attempted Ovariotomy.—When an ovariotomist finds, after his abdominal incision, and the evacuation of the contents of the cyst, that the latter is completely adherent to the parts around, he generally closes the wound, and leaves the operation unfinished. Not so Dr. Jouon, Professor at the Medical School at Nantes, in France. Being called upon to perform ovariotomy upon a married woman of twenty-nine, he observed after his incision from below the umbilicus to the pubes, and the puncturing of the cyst, that the adhesions were so tight that the sac could not be isolated. The idea of actual ovariotomy was then given up, and the case treated as one of artificial anus. The margins of the wound were secured against the cyst, and a tent passed into the latter. The patient had a fearful reaction; but by dint of attentive care, and the syringing of the cyst, first with alcohol and water, and afterwards with tincture of iodine, with appropriate narcotic and tonic remedies, the woman was quite restored in a little less than four months.—Lancet, July 23, 1870.

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The Liver the Seat of Formation of Urea.—The latest researches upon the place of origin of urea, and especially the beautiful experiments of M. Gréhant, have demonstrated that the kidneys are by no means secretory, but purely excretory, organs for urea. Dr. Cyon, in the last number of the "Centralblatt," publishes a few facts in the form of a provisional communication, to show that it is probably produced at the liver. The plan of experimentation adopted (in common with M. Istomin) was as follows: The whole of the blood was abstracted from the carotid of a dog, and a portion, after being defibrinated, was transmitted by means of mercurial pressure through the liver. Coincidently three canulæ were introduced—one into the inferior vena cava, the second into the hepatic artery, and the third into the vena porta. The results of careful analysis showed that the blood which had passed through the liver contained a much larger proportion of urea than ordinary arterial blood. In one experiment 100 c. c. of the arterial blood when defibrinated contained 0.08 grammes of urea; but after having been passed four times through the liver, the same quantity contained 0.176 grammes.—Lancet, Oct. 1, 1870.

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HENRY C. LEA, Philadelphia.

THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on Refracture of Bones. By FREDERIC C. SKEY, F.R.S., Consulting Surgeon to St. Bartholomew's Hospital.

I know of few better examples of sound effective surgery than results from the successful treatment of a case of a distorted and contracted limb, by reason of the malunion of a broken bone by its refracture. In the case of a broken femur, for example, it not unfrequently occurs that, whether owing to imperfect extension, to a restless disposition on the part of the patient, or a discontented character of mind, which impels him to regulate the pressure of the splints in accordance with his own sensations, and especially in cases of a very oblique fracture, the bones may permanently overlap, and an angle is frequently formed at the point of union. In proportion to the shortening of the limb is the gait impaired, and the muscles are reduced in contractile power. In such cases the bone may be refractured with perfect safety. Do not suppose that the capability to employ the limb in walking is any evidence of your inability to break it. In a case of simple oblique fracture of the femur, or of the bones of the leg, the patient may be capable of walking—that is, of throwing the entire weight of his body on the affected limb in the course of seven or eight weeks; but the weight being vertical, the uniting tissues are firm enough to sustain the superincumbent weight; but if force be applied in a lateral direction, the union will readily separate for many weeks afterwards. I have broken the femur at the expiration of eleven weeks, and the bones of the forearm at that of seventeen.

Two important questions arise in connection with this subject:—

1. Will the bone thus broken again reunite? Why should it not? If Nature has firmly united the broken bone in the first instance, why should she not in the second? The power of uniting a broken bone is inherent in every sound constitution. The very fact of primary union infers the presence of ossific power.

The second objection which has been raised is the uncertainty of separating the bones at the point of fracture. This is a frivolous objection. If a man of good mus-

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cular power fails with his greatest effort to break even a radius in the dried state, how can the shaft of the femur be broken by the muscular power of the human arm?

Granted (1) the impracticability of fracturing a living bone of the smallest calibre for which the operation of refracture can be required; (2) the all but certainty of reunion; (3) the simple and innocuous nature of the operation as regards the soft structures; and (4), the perfect safety of the shaft of the bone. What objection can be urged against an operation which contemplates removal of a serious evil to the frame without suffering or inconvenience? The only limit to time is the power to break. I made a vigorous attempt to break the femur at ten months. In this I failed, but the man walked back to his ward without pain or difficulty. Chloroform having been administered, the limb is brought to the edge of the table, which is covered with half a dozen folds of a blanket. The weight of the body of the operator is brought slowly and gradually to bear on the point of fracture; and any additional force in moderation may be resorted to. The separation will be audible to bystanders, and when the rotation of the lower fragment proves the entire separation of the fractured ends, the movements should be freely made with a view to detach all the fibrous adhesions yet connecting them. The sensation to the surgeon manipulating is not that allied to crepitus. The impression conveyed to the hand has nothing of the crispness caused by a recent fracture, but rather like the laceration of soft or fibro-cartilaginous substance yielding under continuous pressure. Pulleys very deliberately applied are requisite to overcome the long-continued contraction of the muscles. The artery has been abnormally shortened, and will rejoice in its restoration.—Lancet, Sept. 17th, 1870.

HOSPITAL NOTES AND GLEANINGS.

University College Hospital.—On the 23d September we visited this hospital with Mr. Christopher Heath, who, during the absence of Mr. Erichsen and Sir Henry Thompson, has the charge of their wards, and saw, among others, the following interesting cases:—

Two cases of skin transplantation of a fortnight's standing. One was that of a woman who had undergone amputatio a carcinomatous breast, involving consi able loss of skin; the other a man su ing from severe eczema of the leg, w about the middle third had resulted large and obstinate ulcer. In both stances the result was very satisfac but especially in the latter, where transplanted centres had been placed rather unpromising soil, and had expan into circles of about the size of a sixpe piece.

A case of extensive ulceration of integuments of the leg in a child. The ceration had the appearance and chara of a tertiary affection, and Mr. Heath lieved it to be the result of a heredi taint. He put the patient under iodid iron with local mercurial treatment, held out great hopes of a favourable res

An obstinate case of urethral stricti which had been for a considerable time der treatment in one of the West I islands, and was at last sent to England t placed under Mr. Heath's care. A No. 3 theter had been introduced under chlorof at a previous visit, and now Mr. Heath troduced a Holt's dilator, and subseque drew off the water with a No. 10 cathe which was introduced without much c culty. The patient was ordered to be warm, and to take an immediate dos twenty drops of laudanum.

In the same ward Mr. Heath pointed a splint, recently introduced from Germ It is easily made, and forms an effi substitute for the expensive and trouble leather splint. It is made as follow piece of flannel folded into a double l is laid underneath the leg; by gatheri up on either side, so as to make its e meet over the crest of the tibia, and dorsum of the foot, and cutting off wh superfluous, it is adapted to the shap the parts. The same is accomplished the foot-piece by cutting out the fold wl results from bringing together over the m dle line of the sole the opposite side the end of the flannel. Then, as a guid the next step, a line is drawn in continua of the middle line of the sole, along under surface of the leg, and through part corresponding to the centre of the p liteal space. Next, the flannel being moved, the two layers are united by t lines of stitching, about a quarter of an i apart, and one on either side of the guid

line. The flannel is then accurately replaced, and the layer adjacent to the skin pinned in position, while the outer one is allowed to drop and hang from the double row of stitches on the under surface. The outer surface of the inner layer having been spread with plaster of Paris to a depth of about two lines, the other layer is brought up on either side of the leg and foot, and accurately adjusted to the first, to which it soon becomes adherent, while the entire structure sets into a firm and solid splint. It admits of no eversion at the edges, and the coherence conferred by the texture of the flannel counteracts the brittleness and the tendency to crack spontaneously, which are liable to give trouble with plaster of Paris as usually applied. The splint can be maintained in position by bandages and strapping. The thin line of flannel, which has been kept free from plaster by the double row of stitches, and preserves its pliancy, forms a hinge, which enables the splint to be removed and adjusted as often as occasion may require.

In another ward Mr. Heath passed the lithotrite twice into the bladder of an old man—a patient of Sir Henry Thompson—each time crushing several fragments, and bringing away between the blades of the instrument a quantity of finely-crushed stone. He also drew special attention to a man who was the subject of an enormous malignant growth, involving the neck, cheek, and lower jaw on the right side, and presenting a considerable ulcerating surface. A few minutes later a flow of blood came from the patient's mouth, which was traced to a fungoid projection from the right tonsil, apparently due to the invasion of part of the malignant growth. The hemorrhage was ultimately arrested by swabbing the part with perchloride of iron, by means of a sponge fastened to a small stick for a handle, but not until more than a pint of blood had been lost. Mr. Heath explained that the disease had reached a stage at which surgical interference of any kind, including ligature of the carotid artery, would be quite unavailing to stay its progress or alleviate the patient's sufferings.

The last case we notice was one of great interest. The patient, a youth of about twenty years of age, had been admitted a few days previously complaining of pain and tenderness in the right hypogastrium and diarrhœa. He was said to be suffering from perityphlitis. We found him pale and somewhat wasted; the abdomen was rather tense, though not notably distended, and at about a third of the distance from the anterior superior spine of the ilium to the linea alba presented a red, fluctuating, and slightly prominent "point," which unmistakably indicated the presence of subjacent pus, for the discharge of which Mr. Heath decided on making a small incision. As the patient exhibited considerable nervous apprehension, nitrous oxide gas was previously administered. The instant the incision was made, a forcible stream of offensive pus spurted out. When about a pint had been discharged, the opening became plugged by what, on drawing it out, proved to be a slough, apparently of cellular tissue, about five inches in length; but no sooner was this withdrawn than there followed a copious stream of venous blood. Digital pressure was immediately applied to the tissues adjacent to the incision, with the result of arresting the flow; and the patient was placed under chloroform. Mr. Heath, failing to discover the source of the hemorrhage in the lips of the wound or any other attainable part, enlarged the incision, and, having rapidly withdrawn several large handfuls of clot from between the abdominal wall and the parietal peritoneum, applied sponges, with the only result that the blood welled up from some undiscoverable spot and rapidly refilled the cavity. At last, every attempt to discover the seat of the hemorrhage having failed, and as the patient was beginning to show signs of exhaustion, a large quantity of broad shreds of lint, soaked in solution of perchloride of iron, was stowed into the cavity; this immediately arrested the flow of blood. Mr. Heath said that probably the withdrawal of the support afforded by the large accumulation of pus had determined the giving way of a vein whose coats had been disorganized by the adjoining suppurative process. Three days later the patient was still alive, and had passed some feces through the wound. We shall have occasion to refer again to this case.

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Ulcers of the Legs.—Mr. Maunder, at his clinic (London Hospital), in some remarks upon ulcers of the legs, drew attention to the frequent occurrence of tertiary syphilitic sores about one or both knees, and stated that—one or more sores situated

above the middle of the leg, and arising without any apparent cause, was almost certainly syphilitic, and would be rapidly cured by iodide of potassium—while, although this variety of sore is found on any part of the extremity, varicose and chronic ulcers are always found below the middle of the leg. Even the statement that a sore followed a blow must not lead one to believe that the case is unconnected with syphilis; as one of the patients then shown was the subject of two sores on the knee, one occupying the site of a wound, and the other of spontaneous origin. He also called to mind instances of a lacerated wound of the cheek taking on tertiary ulceration, and of a lacerated wound of the thigh having a similar aspect. All three were healed quickly under the influence of iodide of potassium. He then illustrated by two cases that a blow short of wounding will lead to cellular nodes and tertiary ulceration sometimes.

Sometimes there is no history of syphilis to confirm the diagnosis, or it is inexpedient to inquire too closely; and then the position of the sore; its indolent aspect—perhaps having a slough in the centre, either devoid of granulations, or these latter large and flabby; the edges of the wound irregular, undermined, and boggy; with a dull red-bluish areola; the statement that there was a swelling in the part for weeks or months before it broke; all these conditions conjoined at once put aside the question of chronic ulcer, boil, or carbuncle. The treatment consists in due attention to the general health of the patient, and especially in the administration of five grains of iodide of potassium, increased gradually, sometimes, to thirty grains thrice daily. The drug often acts like a charm, and the character of the sore begins at once to alter for the better.—Med. Times and Gaz., Oct. 22, 1870.

Skin Grafting.—This operation, it would appear from our recent journals, has been pretty frequently resorted to, of late, in the London hospitals.

Mr. Mason has performed it at the Westminster Hospital in nine instances, it is stated in the "Lancet," (Oct. 22, 1870).

The first was that of a girl with a cicatrix of a burn in the neck, of which a separate and detailed account will be given on another occasion.

The second was that of a woman who for three years had had an ulcer on the leg, measuring about four inches by three. Three pieces of skin, of the size of a canary seed, were snipped from the front of the upper arm, and simply placed on the ulcer, and retained in position by means of a strip of transparent plaster, made by Ewen of Jermyn Street, and over this water-dressing and a bandage were applied. At the end of a month the ulcer had nearly healed, each of these pieces having in a fortnight attained the size of a fourpenny-piece.

The third case was that of a man with a flabby-looking ulcer, as large as the hand, situated in the groin. Four small pieces from the front of the upper arm were grafted. Three failed to grow, and the fourth, after one month, was only of the size of a pea.

The fourth subject was a woman with an unhealthy ulcer of the leg, extending nearly all round the limb. Four pieces were grafted, and they all failed to grow.

The fifth, a woman, with an ulcer of the leg, of four years' standing, and two by three inches in size. Two pieces of skin were grafted, and in three weeks measured each a quarter of an inch in diameter.

The sixth, a man of middle age, with an ulcer, of the leg, four by three inches in size, of nearly four years' standing, which was sloughing at the time of admission. Charcoal and linseed poultices were first applied, and the wound soon showed fair healthy granulations, on which four pieces were grafted; and on the strips being removed four days later, they were all found to have adhered. When seen eleven days after the operation, they were spreading rapidly.

The seventh, a girl, aged twenty, with a flabby ulcer on the thigh, of eight months standing. Two pieces were grafted with good result.

In the eighth and ninth cases there were smaller ulcers, in which one piece only was grafted. They rapidly recovered.

Mr. Mason, without committing himself to a decided opinion on this interesting operation, believes that its success depends on the ulcer being, if not in a healing condition, at least of a healthy character. He had understood from Mr. Pollock, who first showed him the operation, that the grafted portions often disappeared for a time, as were, as it were, reproduced in the cour-

of a few days Mr. Mason has never noticed this phenomenon. In his successful cases the grafted pieces have, on the contrary, never faded away or diminished, but remained centres of centrifugally spreading growth. They have in some instances assumed, in the course of a few days, a cupped or depressed appearance, as if a kind of very superficial ulceration were proceeding; but they have ultimately filled up again, and the process of healing has proceeded. The pieces of skin have only disappeared in cases where they have perished. The situations most favourable for this procedure are, Mr. Mason thinks, those where—as in the case of ulcers of the leg—pressure can be readily applied, so as to keep the grafted skin permanently fixed for three or four days.

Perhaps the difference between the results of Mr. Mason's experiments and those of other operators, as to the disappearance of the transplanted skin, may be accounted for by the rather larger size of the portions (picked up in an ordinary dressing forceps) which he cuts off.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Cancrum Oris.—Dr. W. S. Edgar, of St. Louis, Mo., invites attention (St. Louis Med. and Surg. Journal, Sept. 1870) to the prophylactic treatment as all important in this disease. When small points of ulceration are discovered on the gums and inner surface of the lips and cheeks, and the face or gums begin to swell, and the mucous membrane becomes puffy and shining around the ulcers, the danger is imminent, and the patient should at once be put on nutritious diet, tonics, and change of air when practicable. Among the ferruginous preparations the liquor ferri iodidi is preferred in these cases, and it should be given, particularly in malarial regions, alternately with the citrate of iron and quinia. The local treatment is no less important. Thorough cleansing of the ulcers and mouth twice a day with the nebulizer, using a weak solution of the chloride of sodium or chlorate of potassa; also the permanganate of potassa to correct the offensive odour of the mouth and stimulate healthy granulation. If any escharotic is indicated, a strong solution of sulphate of copper, xxx grs. to the ounce of water, or paste of permanganate of potassa is preferred to the mineral acids as less painful and less likely to extend beyond the point desired.

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Rapid Dilatation of the Female Urethra in Cases of Stone.—Dr. Alan P. Smith records in the Baltimore Medical Journal (July, 1870) three cases in which he was successful in removing calculi by rapid dilatation of the urethra, which procedure, he claims, is a safe and easy method for accomplishing the object. The operation is performed as follows: A pair of dressing forceps, with narrow round blades, are inserted into the urethra, which is then to be gradually dilated by the separation of the blades until the orifice of the canal will receive the extremity of the index finger. This is afterwards to be used as the dilating power. In his first case, a girl æt. seven years, the finger passed freely into the bladder in less than five minutes. When the stone is too large to be passed entire, it should be broken and the fragments extracted, as was done in this case, and in six weeks the patient had entirely recovered. In his second case, æt. 23, and third case, æt. 22, the patients recovered in two months and four days respectively. In all of these cases the hemorrhage was slight.

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Death from Chloroform.—A woman, while undergoing an amputation of the foot, by Dr. Dawson, at the Cincinnati Hospital, within a few days, suddenly died from the effects of the chloroform administered. At the coroner's inquest, Professor Taylor, who had made an autopsy, stated that there was slight fatty degeneration of the heart, but not sufficient to fully account for the death. The amount of chloroform administered was stated to have been not more than two drachms. The verdict of the jury exculpated the medical attendants of all blame of carelessness or unskilful use of the anæsthetic.—Cincinnati Med. Repertory, Nov. 1870.

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Library of the College of Physicians of Philadelphia.—We are pleased to learn that this valuable library continues to rapidly increase. The number of volumes added during the past year was nearly 800—making the whole number at present in the library 15,000, exclusive of duplicates.

Photographic Review of Medicine and Surgery.—The first number of this bi-monthly journal, under the editorship of Drs. F. F. Maury and L. A. Duhring, of Philadelphia, has just been issued, and contains four beautifully executed photographs with ten pages of text. The photographs illustrate, respectively, a case of Multilocular Tumour contributed by Dr. S. D. Gross; of Meningocele, by Dr. D. Hayes Agnew; of Horny Tumour, by Dr. Wm. H. Pancoast, and of Keloid Tumour, by Dr. F. F. Maury. The typography of the "Photographic Review" is all that could be desired, and we hope that it will meet with such encouragement from the profession as will insure the permanency of the enterprise.

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The Physician's Visiting List.—This annual, which has now regularly appeared for twenty-years, has been issued for the year 1871 by its publishers, Messrs. Lindsay and Blakiston. Its utility is so generally known that it is sufficient to merely announce its publication.

FOREIGN INTELLIGENCE.

Death from Chloroform.—Dr. Hughes Bennett stated at the last meeting of the British Association that "he knew of one very sad case that had happened in Edinburgh. A young and beautiful lady, daughter of a barrister, in perfect health, went to a dentist's house one morning and had a tooth extracted. Five minutes afterwards she was dead. That was only one of many similar cases that had occurred, but had never been published."—Brit. Med. Journ., Oct. 1, 1870.

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Bromide of Ammonium in the treatment of Menorrhagia.—Dr. W. W. Ogden extols (The Dominion Med. Journ., June, 1870) the value of bromide of ammonium in "the excessive discharge of blood from the uterus at or about the menstrual period continuing longer than four or five days." His mode of treatment consists in placing the patient in an easy recumbent position on a hair or straw mattress, with light covering. He gives cooling drinks and a mild laxative. After the bowels are moved, he gives the bromide at once in doses of 20, 30, or 40 grains, according to the urgency of the case, every three hours, until three doses have been taken; then he reduces the dose to one-half, to be continued as long as required, not neglecting such measures as are calculated to remove the cause.

—

Importance of Revaccination.—There is a case on record of a woman who was vaccinated we believe by Jenner himself, who then resisted variolous inoculation, who some years after nursed her own children through smallpox with impunity, and who nevertheless, at a very advanced period of life, caught the disease from a grandchild, and died.—Lancet, June 25, 1870.

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Treatment of Gonorrhœa with Tannin and Glycerine.—Dr. Schuster states that tannin with glycerine at first forms a soft waxy substance, which soon becomes hard and brown, and melts in a moist atmosphere at the temperature of the body. Dr. Schuster has formed small pencils of this compound, which he inserts into the urethra of patients suffering from gonorrhœa. He has found the treatment by means of caustic injections (the abortive method) frequently to fail, and that it occasionally produces violent pain, inflammation, and hemorrhage. On the other hand, the treatment with slightly astringent solutions cures the gonorrhœa within a period varying from four to seven weeks, but is often followed by a troublesome gleet. The tannin-glycerine rods employed by Dr. Schuster are from three to four inches in length, well rounded at the extremities, and consist of thirty grains of tannin, one grain of powdered opium, and a sufficient quantity of glycerine to form a pastille. These rods are hard in winter, and soft in summer. Before their introduction, they should be dipped in warm water. They are to be left for from five to ten minutes in the urethra, and then withdrawn. If, however, they be left in for an hour or for a night, more or less pain is caused, and this appears to be due to a combination occurring between the tannin and the mucus or pus, which becomes hard, and acts like a foreign body. Dr. Schuster has had no case of orchitis following the use of these pencils, though he has thought it advisable to recommend the employment of a suspensory bandage, nor has he noticed any irritation of the bladder or prostate.

es of gleet a rod may be left in for a inutes, and speedy cure usually re-—Lancet, Oct. 8th, 1870.

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otence consequent on Onanism cured lectro-Magnetism.—Dr. FINSTEIN, of reports a case of this in a man aged ho, from the age of 15 to 18, was ad- to onanism, which he relinquished he latter period by the advice of a inion. At the age of 23 he found lf unable to have an erection. Vari- medies were tried in vain, and at last o-magnetism with the apparatus of ann was resorted to, and after fifty- pplications, made twice daily, con- from 10 to 30 minutes, his powers restored.—Révue de Thérapeutique, 1870.

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thological Lesions in Acute Dysentery prevails at Sedan.—Dr. JOHN MUR- resented to the Pathological Society ndon, Oct. 18th, 1870. a number of nens of intestines affected by acute tery, which he had brought from one e hospitals near Sedan. The large ines were greatly affected; the small ines to a limited extent. The mucous rane was swollen, tumid, deeply in- , and covered with minute aphthous s. In the large intestine—especially colon and rectum—the mucous mem- was extensively and irregularly ulce- and patches, some not less than the an adult hand had completely sloughed leaving the muscular coat of the in- bare. There was extravasation of into the submucous tissue. Peyer's s were in some cases ulcerated, but icially, and without deposit as in c fever, and the mesenteric glands pleen were in these enlarged. The ines contained blood, mucus, and nely fetid fluid feculent matter and of the mucous membrane. Ab- s in the liver were very rare. The toms during life were those of tropical ntery, but insidious and of a scorbutic cter.—Dr. SCHULHOF asked if ipecacu- was used in the treatment of these .—Dr. MURRAY replied that it had not employed: there was none to be had. ases had chiefly been treated by tinc- of the perchloride of iron, given in doses, frequently repeated. Bismuth was also a popular remedy amongst the German medical officers; opium was also employed.—Mr. HULKE referred to the great benefit which had resulted from the use of ipecacuanha in the Crimea.—Dr. WILKS reminded the Society that two centuries ago ipecacuanha had been introduced into France as a nostrum, under the name of the Radix antidysenterica.—Dr. CAYLEY remarked that the specimens shown to the Society differed from tropical dysentery in so far as the cases presented ulceration of the small intestine, looking like enteric fever.—Mr. REEVES had seen ipecacuanha used at Saarbruck and elsewhere, and one case of dysentery in which symptoms pointing to abscess of the liver were present.—Brit. Med. Journ., Oct. 29, 1871.

—

Heifer and Human Vaccination.—The Medical Department of the Privy Council directed Mr. Seaton to visit the various localities on the continent, where experience on the subject of animal vaccination was the most extensive. The results of this inquiry are contained in the last report, and it is there stated that the process of inoculation direct from the heifer presents many drawbacks. These, as recapitulated in the Privy Council report, are as follows:—

First, that apparently even able and painstaking operators may find it impossible to transmit successive vaccination from calf to calf without very frequent recurrence of failures and interruptions; secondly, that the transference of infection from the calf to the human subject even under the most favourable circumstances (i. e., by experienced operators and with lancet direct from calf to arm) has in it such risks of failure, that, for instance, at Rotterdam, the proportion of unsuccess was nearly twenty times as great as in the ordinary arm-to-arm vaccinations; and, thirdly, that the calf lymph, as compared with ordinary lymph, is peculiarly apt to spoil with keeping, and in the form of tube-preserved lymph can so little be relied on, that the Rotterdam establishment in distributing supplies of lymph now uses only lymph from the human subject. Evidently, then, in the present state of knowledge, a system of animal vaccination would have in it an extreme uncertainty of operation; and this uncertainty would, for obvious reasons, be

so conclusive, against our preferring the system on its own merits for purposes of public vaccination, that practically we have only to consider whether our own system has demerits entitling it to any considerable mistrust.

It has never been established that arm-to-arm vaccination is objectionable, and the alleged tranmission of syphilis and other diseases by it is, as yet, quite unproved. It is not even shown that the specific virus of one contagion is *capable* of containing the spore of another, and until the preliminary step of showing that there is really some danger to be avoided is achieved, it would be ridiculous to incur the certainty of unsuccess in many cases in the hope of thereby avoiding an imaginary shortcoming of the existing system of vaccination.—Med. Press and Circular, Nov. 2, 1870.

—

Improved Test for Grape Sugar.—Fehling's test fluid, it is well known, is not very permanent, spoiling even in diffused daylight. Lowe recommends the following modification of it, which is equally sensitive, and very stable: Sixteen grammes of pure sulphate of vitriol are dissolved in 64 grammes of water. To this solution 80 cubic centimetres of soda lye, having a specific gravity of 1.34, are added at a time, avoiding any elevation of temperature, until 112 grammes have been mixed; then from 6 to 8 grammes of pure officinal glycerine are poured in till the fluid assumes a beautiful azure blue colour.—Lancet, Sept. 24, 1870.

—

Chloride of Aluminium.—Mr. Squire states (Brit. Med. Journ., Oct. 22, 1870) that his experience with this new antiseptic (see p. 156) shows it to be of the highest utility.

"1. As a substitute for Burnett's disinfecting fluid; used somewhat more dilute than the form supplied, it was a most convenient means of disinfecting secretions in the utensils of the sick-room, and, moreover, without the danger and disadvantage of being a dangerous poison.

"2. Used of the full strength to deodorize water closets and defective drains, no great quantity was thus applied, for this use of it was considered wasteful. Not only is it better to remedy the cause of offence at once, by removing the defect, but the value of the solution of aluminium, medicinally was found to be very great.

"I have used the chloride of alumin in the proportion of one part to twenty thirty of water, as an astringent lotion; a still stronger form, as a direct applicat to the throat, in some cases of diphther largely diluted, ten grains to an ounce, a gargle; still more dilute, three to f grains to an ounce, as an internal remec and, lastly, of the same strength as gargle, in the form of a spray, in the th stage of hooping-cough. Details of a c in which this was used with remarki benefit are given in a paper of mine r at the Obstetrical Society of Londor May."

—

Guarana a Substitute for Tea.—A number of the "Pharmaceutical Jourr contains a paper on "Guarana," the se of a sapindaceous tree—the Paullinia bilis—which does not appear to h hitherto entered into European comme The guarana-yielding tree is found al dantly in the Amazonas. The frui scarcely as large as a walnut, and cont five or six seeds, which are roasted, r mixed with water, and moulded int cylindrical form, resembling a large c sage, and finally dried in an oven. Be being used it is grated, and then resemi cacao. Two spoonfuls of the powder mixed in a tumbler of water, and t drink, is regarded as a stimulant and n vine tonic. Like strong tea or coffee, i said to take away the disposition to sle The active chemical principle is an alkal that Dr. Stenhouse has shown to be ide cal with theine. Guarana contains m than double as much of this alkaloid good black tea, and five times as mucl coffee, the proportion being 5.07 per cent guarana.—Lancet, Oct. 22, 1870.

—

Citric Acid in After-Pains.—Dr. J. Chagnon recommends (Canada Med Journal, May, 1870) citric acid for af pains following labour, and states it never failed in his hands. He gives grains of the acid in two or three ounce water every five hours. It acts as a t vine, he says, and as a preventive of infl mation.

—

Corns on the Feet.—The following thod of removing these troublesome grow is given in "La Santé:" Macerate tender leaves of ivy in strong vinegar

eight or ten days, then apply them on the corns. This dressing should be applied twice a day, and in a few days the corns will be removed.

—

Mortality of Foundlings.—Dr. C. R. Drysdale states (Brit. Med. Journ., Oct. 22, 1870): "In Paris, in 1865, of 4887 children abandoned younger than one year, 1516 died under the care of the Foundling Hospital. In fact, the mortality of Parisian children is excessive, since that city loses 39 per cent. of all its children under one year of age annually. There is an immensity of illegitimacy in Paris, which accounts for this great mortality. Society, naturally, cannot expect the mother of an illegitimate child to take much care of it, since it makes it almost impossible for an unmarried woman to get a living for herself, if burdened by an infant. Thus, in a private letter to myself from Dr. Leon Lefort, in June last, he informs me that more than one in four of the births in Paris are illegitimate. In some of the foundling hospitals in France as many as 90 per cent. of the infants confided to their care have died in less than a year. Our foundling hospital in Guilford Street is, of course, like many other London charities, a job; and even Mr. Acton was not able to find out whose children got into that favoured spot.

—

Female Medical Students.—Our readers will, we are sure, be pleased to learn that the Council of the University of Edinburgh, at their meeting, held October 28th, voted down a resolution for the instruction of male and female medical students in the same class, and also that the Managers of the Royal Infirmary of Edinburgh have unanimously determined not to admit female medical students to the practice of the Hospital.

At the meeting of the University Council, Prof. Turner opposed the motion which was intended to effect the instruction of males and females, in the same class. He stated that in Edinburgh the opinion of the intelligent public, of the profession and of the students, was so opposed to it that, if forced upon the medical faculty, it would seriously affect the reputation and interests of the University; and he emphatically declared that it was altogether repulsive to him to teach certain details of the medical education to mixed classes. Prof. Lister followed in an able speech, and announced his readiness to resign the office he so highly valued rather than bring himself to teach clinical surgery to a mixed class of male and female students. At the close of the debate Prof. Christison rose to refute the statement made by Prof. Masson at a previous meeting of the Council, that "the highest lady in the land" sanctioned the medical women movement; immediately after that meeting he received a message from the Queen to the effect that her Majesty concurred in the views then expressed by Dr. Laycock and Dr. Christison in opposition to the medical education of women, and her Majesty desired that her sentiments should be made known.

We congratulate the Medical School of the University of Edinburgh upon this vote of the Council, and the Staff of the Royal Infirmary upon the resolution of their Managers. We cannot forbear expressing our admiration of the noble and dignified stand taken by Prof. Lister in declaring his readiness to sacrifice, if necessary, his professorship with its accompanying honour and emoluments, to the preservation of public morals and the purity of his own conscience.

Although the women, for the last few months, have had permission to study medicine in the University, they are not satisfied with the regulation which compels them to seek instruction in classes apart from the males, but continue their demand that the sexes shall be taught together in the same classes. A year's trial of the practical working of the "woman movement" has failed to convince the University Council of the propriety of granting this *modest* demand of the "women doctors" and their friends.

If women are determined to study medicine despite all the obstacles which nature and society have interposed, let them seek their instruction from the teachers of their own sex, in their own schools and hospitals (all of which, in this country at least, exist), and not outrage common decency by intruding themselves into the hospitals, schools, and dissecting-rooms appropriated, by the sanction of prescription, to the use of the male sex.

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GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC., 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Ganglions. By FREDERIC C. SKEY, F.R.S., &c.—These small swellings, composed of a toughish cyst, are formed on one or other of the numerous tendons of the wrist. They rarely increase to a considerable size, and are not often seen larger than a child's marble. Their cause must be referred to undue and excessive action of the tendon, or rather of the extensor muscle leading to the tendon on which it is placed. Why they occur on that particular tendon I do not know. My reason for so thinking is because I have treated many cases in the persons of violin players, in whom the malady has been confined to the left hand, the right or bow hand being free; and it is not uncommon in pianists who devote many hours of the day to the practice of their profession. But they are not confined exclusively to this class of persons. Although free from pain, they are unsightly, and are always attended with some weakness of the hand, probably of the extensor muscles only. They are usually treated by rupturing the sac, and allowing its contents to invade the surrounding tissue. The instrument of violence commonly employed, and which has been, doubtless, handed down and adopted for many generations, is a thick bound book. The force of the blow is necessarily great, and the rupture of the sac does not invariably follow. This entails the necessity of a second blow. It is not certain that the force may be applied in the exact direction. To say nothing of the pain and the shock to a delicate girl, this treatment is by no means attended with

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invariable success; for I have known the fragments of the sac restored to their original places, and the disease remain *in statu quo*. I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forwards, in order to tighten the skin over the cyst, pass vertically into the centre of the tumour a broad-shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. Then apply a well-made thick compress of lint, and strap it down tightly with good plaster, and, lastly, a roller may be applied. In forty-eight hours the wound has healed, and the ganglion is seen no more.

In cases (and I suppose I have operated on a hundred) in which the operation I described failed to cure the disease, the ganglion, as it will do when of long standing, had burrowed under the tendon. In one of these I attempted to dissect it out; but, in so doing, I denuded the tendon of its natural investment, and the result was permanent union between the tendon and integument. I never recall the circumstances of this case, and it occurred upwards of twenty years ago, without painful regret. The larger examples of a similar affection to the above—in which the synovial sac, probably the anterior one, which extends beneath the anterior carpal ligament into the palm of the hand, is the seat, and from which abundance of small melon-pip like bodies are obtained—may be treated on the same principle. But the subsequent pressure must be great.—*Lancet*, Aug. 27, 1870.

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Clinical Lecture on Abdominal Neura
By HANDFIELD JONES, M.D., Physicia
St. Mary's Hospital.

This series of cases is interesting illustrating the diagnosis and treatmer a disease that is not always easy to tinguish from other affections in wh pain is referred to the abdomen, esp ally peritonitis, lead colic, and hyste The points on which Dr. Jones chi insists appear to be—1. That the re of the abdomen, probably its perito lining, is liable to suffer from neura and hyperæsthesia, such as prevail other situations more notoriously pr to this malady. 2. That such neurs affections may very closely simulate p tonitis. 3. That they may be atter with high temperature. 4. That may possibly pass into peritonitis. 5. T in their treatment, opium (preferabl the form of enema), tonics and rest tives prove to be successful remedies.

The first case is that of M. W- aged forty, a married woman, who admitted on the 9th September. stated that three days previously she been seized with pain in the lower pa the abdomen and the hips, so violen to draw her double; since the day be admission it had been gradually sul ing, but with occasional aggravat Whilst the pain was at its worst abdomen had been so exquisitely te that she could scarcely draw her br and whilst sitting up she had felt On admission she flinched violently the left side of the abdomen was touc and she felt pain on coughing or dra a deep breath; when she turned on t right side she experienced a feelin dragging in the left; the tongue thickly coated with white fur; the p was 78, and not very weak; the temp ture 99.8°; there was no blue line o gums. The right side of the abdc was resonant, the left dull, and t sounds were not altered when she m on to her right side. She had no a tite, but was very thirsty; the bo were habitually confined; the urine very red, and passed with pain; t was also pain on passing her motions catamenia had not appeared for

weeks, but she had a profuse leucorrhœal discharge. There was no history of lead poisoning. She said that she lived over some stables, and had experienced a similar pain several times during the past three or four years; she felt very weak, and the least thing threw her into a "fainting perspiration." She had not been able to sleep during the previous night because dreadful sights appeared directly she closed her eyes—"blood and all that sort of thing, mice running about," &c. The bowels were first relieved by an aperient, and then an enema containing twenty drops of laudanum was administered, and followed by a great abatement of the abdominal tenderness. The treatment was then made to consist of one-twentieth of a grain of strychnia, one minim of nitric acid, and ten of chloric ether, in an ounce of water, four times a day; with simple diet, a pint of milk, and four ounces of sherry. On the second day her sleep had been disturbed in the same manner as before; the abdomen was quite soft and only slightly tender. On the third morning the sleep had been sound and uninterrupted; the bowels were relieved by an enema, and the diet was changed to chop, pudding, and porter, the medicine to twenty grains of the saccharated carbonate of iron, three times a day. On the seventh she was still improving, but, on getting up, the pain and feeling of faintness returned slightly. In a few days more she was discharged.

The second case was that of A. N——, aged twenty-six, a married woman with three children. She was admitted on Sept. 10th, and gave the following account of herself: She was in charge of a house which had just been painted, and smelt strongly of paint and varnish, when, three weeks before admission, she was attacked with severe headache, which, two days later, was replaced by an abdominal pain which she described as having been frightful in severity, and since its onset she had been unable to lie on either side, or to obtain sleep at night. She had been feverish and without appetite. No other inmate of the house had been out of health. She looked thin and anæmic, had a copious leucorrheal discharge, and was suffering such intense pain that six leeches were immediately applied to the abdomen, and followed by poultices. On the 13th Dr. Jones found her very weak, complaining of great pain on the left side of the abdomen, but lying with the legs extended; the left flank of the abdomen was dull on percussion: the other regions were resonant. The pulse was 102, not very weak; the temperature 102.5°; the tongue moist. There was no flush on the cheeks nor eruption on the abdomen. The bowels had not been open for two days: the appetite was good; the breasts did not secrete much milk. She was ordered an enema of castor oil, to be followed, after the action of the bowels, by a simple enema containing twenty drops of the tincture of opium; also a draught of four grains of carbonate of ammonia and one drachm of tincture of bark, in an ounce of decoction of bark, three times a day, with a generous spoon diet. On the fourth morning she awoke in great pain from a sleep which had lasted from early in the previous evening. The pulse was 105; the temperature 103.4°. The abdomen was fomented, and another opiate enema administered, and she was ordered twenty grains of the saccharated carbonate of iron thrice daily, in addition to the draught. On the seventh day the pulse was 88, the temperature 99.7°, and pain of a much less severe character recurred from time to time. The diet was changed to one of meat and porter. On the eleventh day the temperature was 100°, and, in consequence of copious night-sweats, the ammonia-and-bark draught was abandoned for one containing four grains of quinia. Subsequently a chloride-of-zinc injection was made use of to check the leucorrhœa. Twenty-eight days after admission she only complained of an occasional return of pain towards evening. No blue line was observed at any time on the gums.

The third case was also a woman, thirty-three years of age, and single. She stated that she had been indisposed for a fortnight, and had kept her bed for a week. The first symptom had been pain at the upper part of the abdomen, all

round it, and in the back, great pain also followed on taking food, and was relieved by vomiting. At the time of admission the pain seemed to be violent; she was found to be bending herself down and moaning; the tongue was moist, and tolerably clean; the pulse 80; the temperature 97.5° F. The abdomen moved a little in respiration, but the muscles were at times very hard and tense; there was no eruption. She had no appetite, but was very thirsty. On inquiring into her history, it was elicited that seven years before she had lived in a house whilst it was being painted, and that she suffered at the time some nausea; also, that two years before admission she had suffered, for a short time, a somewhat similar kind of pain. The teeth were found to be so incrusted and soiled with tartar that it was difficult to determine whether or not a blue line was present. She also complained that for a year she had had pain about the rectum, accompanied by a frequent desire to defecate; but she had never experienced any pain during the passage of her motions. The uterus was found to be reclined, the fundus lying near, if not upon, the rectum. She was first ordered a grain of opium every four hours, ice to swallow, poultices to the abdomen, and subcutaneous injection of ten minims of solution of opium; but neither these remedies, nor an opiate enema which had been administered, were found on the following day to have afforded relief. She was found to be twisting and writhing in bed, although the abdomen bore pressure fairly well. The pulse was 72, and not weak; the urine clear and of high colour. She was then ordered a drachm of tincture of valerian and four grains of carbonate of ammonia in an ounce of infusion of valerian, thrice daily; but she obtained no sleep during the following night, severe pain being excited every time she moved; and, in the morning, the abdominal walls were found to be hard and retracted. The temperature was 98.9° F. An opiate enema was followed by relief, and a grain of opium was ordered to be taken every two hours. On the eighth day two grains of iodide of potassium were added to the draught. On the fifteenth she was ordered in add twenty grains of saccharated carbo of iron, thrice daily. On the sixte day the pains became regularly pare mal, returning morning and evenin half-past ten o'clock. On the same she began to sweat a great deal at ni ten grains of quinia daily, in two e ing doses, reduced the severity but the duration of the attacks. The am of quinine was then doubled by gi four doses daily instead of two, and the twentieth day she was free from and improving in general condition. ter this the pains returned slightly, a treatment as for lead colic was essa but, proving unsuccessful, was cha for citrate of iron and quinia, u which they soon began to disappear; within little more than a month from date of admission, though the pa suffered occasional returns of pain, abdomen was soft and mostly quite from tenderness on pressure, and she discharged at her own request.

These cases, Dr. Jones said, were specimen cases of a disorder which i no means rare, at least among the po classes. In calling it "abdominal ne gia" he had followed unwittingly the ample of the late Dr. Addison, who written a very full and interesting p on the same disorder in connection uterine irritation. The term migh thought too vague, but he preferred any other, for the reason that it did appear to him that any organ is spec affected, and that any part of the re in question might be attacked. If he pressed to localize the disorder more actly, he should name the peritoneu the most probable seat, partly on acc of the quality of the pain, partly bec this membrane is coextensive wit situation. Romberg had described peræsthesia of the mesenteric pl but the description he gave of it se more applicable to the colic than t malady they were considering. A pe of the cases, Dr. Jones thought, indi that the resemblance of the sympt especially the pain, to those of perit was quite close enough to make the nosis sometimes sufficiently difficult.

Addison had said that the pain occasionally attacked the whole of the belly, exactly simulating acute peritonitis, and that he knew of no more puzzling disease. The points which would prove most serviceable as guides were the previous history, the temperature, the posture, the respiration, the pulse, and the physical signs. If the patient appeared to have suffered from any cause of exhaustion, such as lactation, profuse leucorrhœa, over-exertion, semi-starvation, or the like, a neurosis was a more probable result than inflammation. If the disease was of long duration, such as from two to three weeks or more, and the pain persisted with severity, especially without the development of any other symptom, it could not be peritonitis; the same would probably apply if there was a history of several similar previous attacks. If the temperature underwent no rise, it afforded strong evidence against the existence of inflammation, though a high temperature could not by any means be taken to prove the converse. The second case indicated a temperature befitting typhoid fever, and it was only the sequel which conclusively showed that the pain was purely neurotic. It had been supposed that neuralgia could not coexist with pyrexia, but he had recently seen a case of ephemeral fever in which the patient complained of agonizing pain in the limbs, and the temperature rose to 103°; on the day following the pain had greatly abated, and the temperature was found to be normal. As regarded posture, the peritonic patient was said to lie in a fixed position, instinctively avoiding the slightest movement; the neuralgic often turns and writhes about: the former abstains from using the diaphragm in respiration, the latter does not, or, at any rate, not to so great an extent. After a few days the physical signs would probably afford decisive information. The dulness in depending parts of the abdomen, due to effusion, is not present in neuralgia. So, also, abdominal distension may be looked for in peritonitis, but not usually in neuralgia; though Dr. Addison speaks of a very marked instance of the latter, in which the belly was as tense as a drum and exquisitely tender. The case had been regarded as one of chronic peritonitis, and the surface of the abdomen "presented a most singular appearance from the thousands of leeches" which at various times had been applied. A very important question might be raised—viz., whether a primarily neuralgic disorder may not pass into an inflammatory. Dr. Jones's belief was that it might, and though he had not observed it in abdominal cases, yet there was considerable evidence, he thought, that such a change may occur in facial neuralgia. For further remarks on this topic he referred to his work on the subject. Some might be disposed to look upon these cases as examples of hysteria, and would have summarily dealt with them by the treatment which Sir T. Watson recommends—namely, purging followed by an assafœtida enema. To this he altogether demurred. If any definite meaning was to be attached to the term hysteria, it must imply that the patient's will was defective, that she was not sincerely anxious to get well; that, in fact, she wanted moral treatment more than medicinal. Such, he was satisfied, was not the case with the patients in question. The pain felt was, as far as he could judge, as *bonâ-fide* a pain as ever racked a sufferer from sciatica or tic douloureux; they recovered speedily, and under such treatment as was known to benefit neuralgia elsewhere.

The occurrence of some amount of nocturnal delirium, and that of a terrifying and distressing kind, in the first case, Dr. Jones added, deserved remark. Such disorder was, if he might use the term, quite homogeneous to neuralgia, both affections having their root in a feeble paretic state of nerve-centres, and being as it were branches of the same stock. The derangement, in fact, was of the same kind in both, and the diversity of phenomena depended on the site of the morbid action; the intellectual centres being affected in the one case, the sensory in the other. There were also indications that the vaso-motor nerve-centres were involved, and suffered in a like way; for the patient in the first case complained of "faint perspirations"—*i.e.*, perspirations

attended with a sense of faintness; and in the second, of copious nocturnal sweating, precisely such as is met with in maladies of exhaustion.

Another noteworthy point observed, especially in the first case, and which Dr. Jones said he had not unfrequently met with in other unquestionable neuralgias, was the reproduction of the pain by exertion. This depended on the fact (for such he held it to be) that consumption of nerve-force in one centre, or, to speak more correctly, of material qualified to generate nerve-force under oxidation, diminishes its production in another, and so favours the recurrence of a disorder which is essentially dependent on the failure of nerve-force.

The special cause of the disorder in these cases could not be said to be clearly ascertained. It might be thought that the second was of lead-poisoning, as the patient had been exposed to the smell of paint; but he could not take that view. There was no notable constipation, and no blue line on the gums. The pain was not like that of colic; it was attended with fever, followed by copious night-sweats, and cured by tonics. He had never seen anything like this in the frequent cases of lead disease he had met with. The lactation and leucorrhœa no doubt had materially promoted the action of the exciting cause.

The diagnosis once made, the remedies to be used were plain. Opium to relieve suffering, tonics to restore strength, the action of both being led, rather than seconded by repose and good nourishment. In doubtful cases, after ascertaining that the bowels had been sufficiently cleared, he advised the use of an opiate enema before applying leeches. The result of this means might be so satisfactory as to make the further treatment clear. On the other hand, it was to be observed that in a puzzling case Dr. Addison thought it an error on the right side (for an error it proved to be) to employ the remedies for peritonitis. The few leeches which were applied in the second case gave relief; but he, nevertheless, thought they were unnecessary and undesirable. It was by no means impossible for such means, by the temporary benefit they produce, betray the practitioner into their repe tion, with ultimately disastrous con quences.—*Lancet*, Nov. 19, 1870.

HOSPITAL NOTES AND GLEANINGS.

Cases in St. Bartholomew's Hospital, w Clinical Remarks, by Dr. ANDREW. *An rism.*—On examining a patient who w the subject of an aneurism situated in tl left half of the chest, Dr. Andrew e pressed the opinion that a considerab thoracic tumour in that situation inevit bly causes obstruction of the thorac duct. He had heard Professor Turner, Edinburgh, express the same opinio and had himself on two occasions e deavoured to inject the duct in simil cases, and found it completely closed the site of the tumour. And he suggest that the obstacle thus presented to tl supply of new material to the blo might have at least a share in inducir the well-marked cachexia which patien suffering from aneurism often present.

Suppuration without hectic.—Dr. Andre drew attention to the absence of a symptom of hectic in a patient in who a purulent discharge was being contin ously evacuated by expectoration from tl right pleural cavity, the patient bein also the subject of pneumothorax. H said that hectic is by no means a neces sary accompaniment of even profuse sup puration. If, however, pus, or eve mere serous fluid, were confined in cavity, or ceased to be of laudable quality a constitutional effect would at once b found to ensue. With reference to thi subject one of the house-physicians wh was present said that a patient of Dr. Harris's had been recently tapped for suppurating hyatid of the liver, and tha the fluid, having accumulated at the rat of a pint a day, had been removed b occasional subsequent tappings. At firs the patient exhibited a most voracious appetite, and appeared to suffer no ill effect from this profuse discharge; but on a certain day, her appetite failing, she refused her large allowance of food, and in the course of a few hours her tempera ture rose, she became hectic, and daily

increasing exhaustion caused death in ten days.

Sequelæ of exposure to the sun.—G. B——, aged thirty-eight, a patient in one of Dr. Andrew's wards, lay from about 11.30 to 12.30 of Sunday morning last on the grass of an open field without his cap. When he rose to his feet he felt giddy, and had sensations of swimming and throbbing in the head. He travelled home by rail, a distance of a few miles, and lay on the sofa for the remainder of the day, without tasting food. On the following morning he went early to his work, taking with him his breakfast, which, however, he was unable to touch. In the course of two or three hours the giddiness and throbbing in the head, to which had been superadded a severe pain extending down the spine from the root of the neck to the loins, became so severe that he could scarcely keep his feet; and he applied for admission into the hospital. His temperature was found to be 100°.6 Fahr. He was ordered to bed; ice was applied to the head, and a mustard plaster to the loins. This latter application was followed in about twenty minutes by a cessation of the dorsal pain; and on the following morning the patient expressed himself free from giddiness and throbbing. When last seen, four days after the appearance of the symptoms, he said he felt well, but his manner was somewhat tremulous.—*Lancet*, Aug. 6, 1870.

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Supposed Case of Acute Tuberculosis in Guy's Hospital, with Clinical Remarks, by Dr. Wilks.—On the occasion of a recent visit to this hospital, we saw a young woman about twenty years of age, who had been admitted three weeks previously. Her sobs and her manner generally indicated that she was in a highly hysterical condition. Dr. Wilks said that ever since her admission her temperature had indicated a state of pyrexia, but that she had exhibited no symptoms either of local inflammation or specific fever; and that whenever a high temperature was thus maintained for a considerable time, without the development of any other symptoms, it indicated the existence of acute tuberculosis. He had not been able to verify his opinion in this case by a physical examination of the patient, because she complained of such acute hyperæsthesia of the chest that percussion was impracticable, and directly he applied the stethoscope the breathing always became so rapid and shallow that no reliable observation could be made. But there were other signs which, in his opinion, lent confirmation to his diagnosis. These were, the patient's regular features, white regular teeth, and well-formed frame—all of them features of tuberculous temperament; and falling off of the hair; and her hysteric condition. Ever since a striking incident had called his attention to the subject at the time he was clinical clerk, he had noticed the frequent existence of hysteria and phthisis. For three months the late Dr. Addison had, out of sheer disgust, passed by the bed of a girl who was in so highly hysterical a condition that he had found it impossible to make a careful examination of her state. One day a student, who had remained behind to listen to her chest, remarked to Dr. Addison that he supposed the case was one of phthisis, as he had heard sounds indicative of a large pulmonary cavity. Dr. Addison replied that there was nothing the matter with the patient but hysteria; but, on the student insisting that there was a cavity at the left apex, he listened for himself, and found that such, in fact, was the case.

Speaking of the relation of pyrexia to local disease, Dr. Wilks added that he did not believe that when a local disease followed in the wake of fever it held to it the relation of a consequence; for example, when people spoke of fever terminating in phthisis or some brain affection, it might always be taken for granted that the antecedent fever had been the pyrexia proper to tuberculosis in the one case, or meningitis in the other.—*Lancet*, Dec. 10, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

To Subscribers.—In making up the Library Department of the News for Dec. 1870, an index for the *Diseases of the*

Spine and Nerves was prepared and set in type, as well as a table of contents. As one was little more than a duplicate of the other, however, it was thought that subscribers would prefer to have the space occupied by the Index filled with other matter. The Index was therefore cancelled, but reference to it in the Table of Contents was, by an oversight, allowed to remain. Subscribers in binding the Library for 1870 will therefore understand that the work is *complete* in the form in which they have received it.

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Antiphlogistic Value of Ergot.—Dr. JACOBI holds (*Medical Record*, Oct. 1, 1870) that ergot acts through the nervous system, and especially through the sympathetic, upon the unstriped muscular tissue under its control. Thus it is that ergot produces its peculiar effect upon the muscular tissue of the uterus, the unstriped fibres of the bladder, the muscular layers of the intestines, and especially upon the muscular coat of the bloodvessels. Its power in diminishing the size of the bloodvessels is manifest from its value as a hæmostatic; and it is of this power we have to speak in considering its antiphlogistic effect.

This effect is noticeable in fevers generally, and particularly in fevers of the intermittent type. It is an established fact, in my opinion, that many cases of obstinate intermittent fever will, when no longer benefited by quinia or arsenic, still be benefited by the action of ergot.

Dr. Jacobi states that he has given a mild preparation of ergot with a uniformly beneficial effect in many cases, not uncommon in women and children, of spinal meningitis resulting in pain, slight fever, occasional convulsions, partial or total paralysis. He has given it advantageously in the first stage of the so-called infantile or dental paralysis dependent upon congestion of the spinal cord. The persistence of the disease he attributes to dilatation of the bloodvessels, and he gives the ergot to effect their contraction. In cases of chorea minor, not connected with rheumatism, but with pain in some portion of the spinal column, ergot is often serviceable in removing the symptoms.

Dr. Jacobi uses large doses, as two drachms (to a child) of Squibb's fluid extract in the day, or from four to seven grains of Bonjean's ergotine. When its use is to be long continued, for chronic hemorrhages, etc., he gives commonly about a scruple of the ergotine, daily to an adult, and to a child in proportion to age. He has never seen any of the symptoms of so-called ergotism, whether of the spasmodic or gangrenous form, nor has he any fear of it resulting from the use of ergot in this dose.

—

Large Doses of Chloral.—Dr. JAMES RODMAN states (*The American Practitioner*, Oct. 1870) that a nurse gave one of his patients, who was under treatment for insanity, in order to induce sleep, 270 grains of hydrate of chloral, which produced sleep for eighteen hours, without any alarming attendant symptoms.

A case is reported (*Medical Times*, Oct. 15, 1870) of a female nurse in the Philadelphia Hospital, who took 460 grains of chloral. It produced deep sleep, her respirations were 35—heavy and stertorous; pulse 140; face flushed: extremities cold and livid. The symptoms resembling those produced by an over-dose of opium. She was supposed to have taken that drug, and was treated in accordance with that supposition. She entirely recovered, when she stated she had taken some medicine from a vial for the relief of headache, and it was ascertained that the medicine was a solution of chloral.

It is stated in the *Lancet* (Nov. 26, 1870), that as much as 160 grains of the hydrate of chloral was lately given by mistake in one dose to a middle-aged man in one of the London hospitals. Some alarm was felt, but no disagreeable symptoms occurred; the man slept well, and no unpleasant effects resulted.

—

Enlarged Spleen.—Mr J. G. JAY records (*Baltimore Med. Journ.*, Oct. 1870) a case of this in a negro man, æt. 28. The weight of the spleen was 9¾ pounds; its length 16 inches; greatest breadth, 11½ inches. It was lobulated upon the right margin; the fissures, 4 in number, were from one to two inches in depth.

Death from Chloroform.—In the *Boston Medical and Surgical Journ.* for Dec. 15, 1870, there is recorded a case of this occurring in a man aged 40 years, who had had chloroform administered by one of the ablest surgeons of that town, preparatory to an examination.

—

Death from the Inhalation of Ether.—In the number of the *Boston Medical and Surgical Journ.* for Dec. 8, 1870, there is reported by Dr. WALTER BURNHAM, of Lowell, a case of "death from the effects of sulphuric ether," in the opinion of the editor "the result of an overdose." The operation was an amputation of the thigh for a gunshot wound; an ounce of ether was administered on a small napkin in a bowl, which was placed over the face, and one or two drachms were added every two or three minutes. In about ten minutes anæsthesia was induced, and the ether suspended; slight sensibility returning the ether was renewed with the desired effect, and again suspended. The operating surgeon then ordered the napkin to be reapplied with a drachm of ether freshly poured upon it. After one or two inspirations the patient ceased to breathe.

—

Surgeon-General's Report.—From the annual report of the Surgeon-General for the year 1870, we learn that "while the rate of mortality from wounds and injuries among the *coloured troops* agrees with that among the *white troops*, their rate of mortality from disease alone is nearly double.

The printing of the medical volume of the first part of the medical and surgical history of the war is near completion. The peculiar value which the surgical data of the late war have acquired in consequence of the measures taken to trace the ulterior results of the more important cases cannot be overestimated.

"There has been a very steady and uniform increase in the various collections of the Army Medical Museum."

—

College of Physicians of Philadelphia—MUTTER Lectureship.—This position is now vacant. Applications for it are hereby invited, and may be made to Dr. S. D. Gross, S. E. corner 11th and Walnut Sts., Chairman of the Committee on Lectures. Information in regard to the duties, compensation, &c., may be obtained of

JOHN H. PACKARD, M.D.,
Secretary of the College,
1928 *Spruce St.*

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College of Physicians and Surgeons of New York.—Prof. WILLARD PARKER has resigned the chair of Surgery in this institution, and is succeeded by Prof. Markoe. Prof. John T. Metcalfe also retires from the chair of Clinical Medicine.

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Virginia State Medical Society.—The first meeting of this society was held at Richmond, Va., Nov. 2d, 1870. The opening address was made by the president, Dr. R. S. Payne. He spoke at some length on the importance and objects of the organization.

On motion of Dr. W. W. Parker a committee was appointed to petition the Legislature for an act of incorporation.

On motion of Dr. F. Horner it was resolved to invite the members of the county and town medical societies to co-operate with the State organization.

And, on motion of Dr. Fauntleroy, a committee was appointed to memorialize the Legislature upon the establishment of a board of medical examiners, and to petition the General Assembly to pass a law authorizing liens on property to secure medical fees.

Reports were ordered to be made, at the next annual meeting, on the epidemics of the three divisions of the State—one for the tide-water district, another for the country lying east of the Blue Ridge, and a third for the Valley. Two Fellows were appointed to read essays at the subsequent meeting of the Society, upon subjects to be chosen by themselves.

The Society adjourned to meet in the city of Lynchburg, at the call of the Executive Committee.

FOREIGN INTELLIGENCE.

The After-Treatment of Cataract.—Mr. HAYNES WALTON, in a clinical lecture on cataract (*Med. Times and Gaz.*, Dec. 3,

1870), recommends the following after-treatment in cases of extraction:—

The very first act after the operation should be to close the eyelids with a couple of strips of court-plaster, about an inch and a half long and a quarter of an inch wide. This insures adaptation of the wound, and supports the corneal flap. Besides this, the atmosphere is excluded, and the eye is rested. It is the simplest appliance by which the eye can be kept closed, and such closure accomplishes all that can be done for the wound without disadvantage. The tears and the aqueous humour readily escape, because some portions of the edges of the eyelids are uncovered. Bandages and compresses of all kinds are injurious. They are hurtful in proportion to their action. All pressure, beyond that which is naturally produced from closing the eyelids, must tend to be prejudicial, and, at times, to be positively damaging. Again, whatever keeps the eye hot must be bad—whatever soaks up the secretions is objectionable. I am well aware, from personal observation, that some surgeons pack the eye with cotton wool or charpie, and subsequently apply a bandage. The system is very like the French method of treating a stump after an amputation. It is notorious how a French surgeon packs and bandages until the limb has pounds of material over it. I fully believe that my plan insures the highest attainable result that can be reached.

Whenever it seems necessary to protect the eye from blows from the patient's own hands, a stiff square shade, reaching from one temple to another, padded where it touches the head, and kept in position by an elastic band, will suffice. Calkin's eyeshade answers the purpose very well.

I believe it to be important that the patient be well fed, and therefore I allow him a full diet. Of course, he is carefully fed by the nurse, and does not make any exertion. It is a mistake to prescribe liquid food under the idea that chewing is hurtful to the eye, for in man the muscles of mastication cannot in any way influence the eyeball. It is different in most of the lower carnivora.

From day to day the corners of the eyelid and the cheek should be carefully cleansed. The patient should be kept in bed for the greater part or the whole of the week, but not necessarily between the sheets. When the bed is left, there is always a risk of imprudent acts.

When seven clear days have passed without unfavourable symptoms, success is pretty certain, and the plasters may be removed after they have been thoroughly softened with warm water. Then I try the sight by putting the patient's back to the light, and guarding the eye while he looks at something held before him. At the same time I endeavour to ascertain whether the cornea has healed. If the chambers of the eye be filled with aqueous fluid, union must have taken place. When everything is satisfactory the plasters need not be reapplied, but if otherwise, they are required. There may be simply delay in the healing, in which case the eyelids require to be closed as much as at first.

The pernicious practice of opening the eye a few days after the operation cannot be too strongly deprecated. The examination is quite useless if the eye be doing well; if otherwise, it is certain to aggravate any evil, and in no instance can it disclose symptoms for guidance more certain and more valuable than those of the patient's sensations and the state of the eyelid. A red and puffy eyelid is a sure indication of an inflammatory state of the eyeball, with an absence of proper repair in the corneal wound. Besides this, the angle of the cheek gets œdematous.

This after-treatment, which may be said to be purely mechanical, is really all that can be done for a patient; and when the cornea does not heal kindly, the case is never perfectly successful, do what you may, and in most instances the eyeball is somewhat damaged, and only an imperfect result as regards vision is obtained. The very best sight is never got except the pupil be round and central, or nearly central. It is not enough for a patient to be able to read the smallest type under certain favourable conditions of light and position; he may do this with an irregular and displaced pupil. I want more: I wish him to be able to face a bright light

thout distress, and to get the light admitted to the centre of the retina, for ıth of which the pupil must be of the ıtural size, or nearly so, and central.

When any unfavourable complication ısues which destroys all chance of priıary union of the cornea, whatever deresses the patient will very materially end to lessen the prospect of his recoverng any degree of sight. He is sure to ›e enfeebled by the adverse condition of ihe eye, and the constitutional symptoms are often severe. It may be said, in general terms, that only those measures which tend directly to relieve pain and to soothe are admissible. With the least chance of saving the eye, the therapeutic measures most to be relied on is rest to the wounded part—that is, the eyelids must be again plastered. This may be necessary for weeks. Many an eye is lost because this is not attended to. All else is in vain if this be neglected. I believe its simplicity is the chief reason why this, my practice, is not more generally followed. It leaves nothing for meddlesome fingers to do. While in the first week I always plaster up both eyes, in the secondary treatment, to which I now allude, I close only one.

When both eyes are equally affected with blindness, only one at a time should be operated on for extraction, and the first should be allowed to recover before the other is touched. Both eyes may be operated on at the same time for solution.

—

New Operation for Erectile Tumours.—At a recent meeting of the Belgian Academy of Medicine, M. MICHAUX gave an account of a new mode of procedure he had adopted for the treatment of erectile tumours. During the thirty-four years that he had been engaged teaching clinical surgery at Louvain, he has had abundant opportunities of putting the various modes of treatment that have been recommended, from time to time, into force, and has communicated the results to the Academy. The present plan, which he regards as preferential to all others, consists in a combination of Guersant's *cautérisation actuelle parcellaire* with the employment of the perchloride of iron. He had heretofore frequently had recourse to this mode of cauterization, and found himself obliged to have recourse to the perchloride in order to arrest the hemorrhage which ensued on the cauterization. He soon, however, remarked that this application contributed greatly to the cure of the tumour, and therefore he resorted to its use in cases in which the cauterization gave rise to no bleeding.

"At the present time this is the way in which I treat erectile tumours, whatever may be their description, seat, or size: With one of Guersant's needles, heated to whiteness, a track is practised on the tumour, either directly or by piercing the skin at a certain distance from it. Several needles may be placed in the same track, but that is not indispensable. As soon as the cautery is withdrawn, I substitute for it the tents of charpie, soaked in perchloride of iron, and prepared beforehand. I thus plug the aperture until no more blood flows, and leave the charpie *in situ* until suppuration is well established. I then replace these tents by others, taking care to increase the detachment, and repeat this dressing every day, or every other day, according to the amount of suppuration. In this way I destroy entirely the erectile tissue, invading it in every direction with the charpie soaked in the perchloride. If the tumour is large, several punctures may be made; and if cutaneous arterial spots (*taches*) persist, they may be painted with the perchloride or cauterized by Guersant's needle."

M. Michaux observed, in conclusion, that the practice was a certain one, unattended with danger, and easy of execution; while the same results are not obtainable either by using the caustic alone or by the injection of the perchloride—this last being sometimes dangerous by producing gangrene.—*Med. Times and Gaz.*, Nov. 12, 1870.

—

Hypodermic Treatment of Syphilis.—At one of the recent meetings of the Lyons Medical Society, M. DIDAY detailed the results of a trial of the hypodermic treatment of syphilis, which he has made in twelve cases. Although so few in number,

these experiments, conducted by the hand of such a master in all that relates to syphilis, are more important than a far greater number would be, detailed by persons of no authority. He employed the syringe and solution recommended by Liégeois, this last consisting of distilled water, 45 grammes; corrosive sublimate, glycerine, of each 10 centigrammes. Two, and sometimes three, injections were practised daily, the mean quantity of sublimate introduced each day amounting to 7 or 8 milligrammes. The back is the preferable region for the operation, as the pain is complained of less there; but when the patients inject the solution for themselves, the sides of the chest or the anterior and external parts of the thigh should be selected, alternating these regions, so that the punctures do not succeed each other too rapidly or approach each other too closely. M. Diday felt very well disposed towards the remedy, as he believes that in it we have an opportunity of bringing the specific into action in a far more direct manner than in ordinary modes of treatment. As cases for trial, he selected patients who were somewhat severely affected, and in whom the disease had resisted the ordinary measures. After supplying the chief details of the twelve cases, M. Diday observes—

"These results, incoherent and even contradictory as they seem at first sight, cause me, must admit, great embarrassment in pronouncing an opinion on this new method. In fact, there is no occasion to pronounce any positive opinion on a remedy which has so recently made its appearance. At first, one is struck and seduced by the promptitude of some of the cures which it effects, only to fall again into a state of doubt on observing it powerless in other analogous morbid conditions, or even in such as are less serious in appearance. We must not allow this doubt, without further information, to pass into discouragement. Deeper researches, instituted while varying the formulæ, and only injecting every two or three days, in order to prolong the time necessary for the cure, and perhaps by adding the employment of other agents, etc., will, it is to be hoped, lead to more constant results and less vagu sions concerning the degree of this mode of treatment and i adaptation to certain forms of Above all things, we ought, in nel of absorption as in others, nc ourselves to the injection of a preparation. As is so well knc the able demonstration of our in therapeutics, Ricord, we sl cording to periods or *age* of syp cated by this or that lesion, a mercury to one patient, iodine to and a combination to a third. this rule there is no safety."

M Diday believes that great a is derivable from the injection squamous form of syphilides, sufficient to prevent our neglecti remedy. He agrees with M. Lié others that it is not only useless, chievous (by consecutive ulcerati punctures) in the ulcerative syphilis. A very great advantag hypodermic method s, that it s digestive organs, for under it those affections of the stomach a tines, that so often interfere wi ment, occur. In none of M. patients was the slightest merc fection of the mouth produce *Times and Gaz.*, Sept. 8, 1870.

—

Radical Cure of Hydrocele by the Mr. Henry Smith calls attentic *Times and Gaz.*, Nov. 12, 1870 ancient practice of Pott as hav attended with good success in his in about thirty cases only two from acute inflammation of the sa ing the operation, in one of resulted from taking a long wall diately afterwards. Pott's tr consisted in the introduction of twelve strings of candlewick cott fluid in the vaginal sac having b viously drawn off by a trocar and He put his patient to bed, and him. Mr. Smith remarks that was without doubt unnecessarily and the mode he adopts is si puncture the tumour with a suture needle, armed with a single and having brought the thread ou

tance of one or two inches from the point of entrance, it is disengaged from the needle, and the two ends are lightly tied together. He does not tap the hydrocele first, as Pott recommended, for if a pretty good sized needle be used the fluid readily drains away. The patient may, and usually does, go to his ordinary occupation, and at his visit in forty-eight hours the part is considerably swollen; or if this be not the case, inflammation may be excited by moving the threads. In the majority of cases, the threads may be removed in from eight to ten days. In only one instance has Mr. Smith met with a sufficient want of inflammatory reaction to bring about a cure.

—

Simulation of Hip-Joint Disease by Suppuration of the Bursa over the Trochanter Major.—Dr. MACNAB gives (*Lancet*, Nov. 12, 1870) the notes of two cases of this disease, which present features of interest. In one, a strumous boy, aged eleven, received a blow on the trochanter, which produced pain and swelling, the former disappearing, the latter remaining under treatment. Rest, blisters, and iodine externally, and phosphate and iodide of iron with cod-liver oil internally, failed to effect any improvement; and the limb simulated in a marked degree the first stages of morbus coxæ. There is, however, no pain on pressure, or on striking the knee or foot upwards. A splint was applied, and the case looked a doubtful one, originating in periostitic inflammation, and likely to end in caries or necrosis. Two months afterwards, however, the swelling over the hip suddenly became painful. Suppuration occurred; the abscess burst, and speedy recovery followed. In the second case, a married woman, aged twenty-two, without previous injury, became sensible of severe pain in the left hip over the trochanter major. The pain increased and swelling occurred. Opinions were divided as to the nature of the case, some regarding it as one of deep-seated abscess, the result of periostitic disease in the neighbourhood of the trochanter major and upper part of the femur, others holding it to be an undoubted instance of morbus coxæ. She was treated with counter-irritation, chalybeates, and cod-liver oil. The hip-joint fixed, but not painful on pressure; slightly flexed on pelvis over the trochanter major, and involving the upper third of the thigh, was a large, tense, acutely painful swelling, and great constitutional disturbance. After deliberation, Dr. Macnab opened the abscess, from which a pint and a half of healthy pus flowed, and recovery soon followed.

—

Cancer of the Pancreas, simulating Hepatic Abscess.—Mr. JAYAKER, Assist.-Surg. Huttee Singh's Hospital, Ahmedabad, records (*India Med. Gaz*, Nov. 1, 1870) the following interesting case of primary cancer of the pancreas which is not altogether an uncommon disease, but the circumstances under which it presented itself in this case, were more than likely to lead to a false diagnosis. A large fluctuating tumour occupying the right hypochondrium, epigastrium, and a part of the left hypochondrium, attended with anæmia, and the characteristic diarrhœa of an abscess bursting into the intestines, is strongly suggestive of the existence of a hepatic abscess.

Peera Hakeemjee, an anæmic Fakeer, was admitted into the hospital on the 30th of March, 1870, with the above symptoms. The tumour extended more to the left, and on exploring with the needle only a few drops of blood escaped, which were the only signs against the supposition of an abscess in the liver. He was treated with stimulants and tonics. but he died, exhausted, on the 1st of April.

On making a post-mortem examination, a large cancerous tumour of the pancreas, apparently about 5 pounds in weight, was found; the liver was quite pushed into the right thoracic cavity from pressure. The other organs were normal, excepting that they were anæmic, and had suffered from the pressure of the tumour.

—

Temperature in Hæmatemesis.—Dr. EDWARD LONG FOX states (*Med. Times and Gaz.*, Nov. 5, 1870) that in hæmatemesis the thermometer is, to a certain extent,

a guide as to the pathological condition. Gastric hemorrhage will always be accompanied by a temperature more or less elevated if it proceed from ulceration that depends on acute or chronic catarrh of the stomach. A normal temperature may, however, coexist with rather extensive ulceration of the mucous membrane connected with cancer of the stomach.

—

Cardiac Murmurs in Chorea.—The murmur which is not unfrequently heard in choreic patients, Sir WILLIAM JENNER affirms (*The Lancet*, Nov. 5, 1870), is a mitral regurgitant murmur, due to irregular action of the papillary muscles, sometimes accompanied by irregular contraction of the heart itself. Thus cases are met with in which there is irregular action of the heart with an occasional murmur, or irregular action with a constant murmur, or regular cardiac action either with a constant or inconstant murmur; and in all these cases the murmur, and irregular action when present, disappear either shortly before or shortly after the cessation of the choreic movements of the voluntary muscles. Murmurs first detected during a choreic attack may remain after its subsidence, but in these cases there has been at some time inflammation of the endocardium.

—

Oil of Peppermint as a Local Anæsthetic —Dr. A. WRIGHT writes to the editor of the *Lancet* (Nov. 19, 1870), that "a few years ago I became acquainted with the fact of the natives [Chinese], when suffering with facial neuralgia, using oil of peppermint, which they lightly apply to the seat of pain with a camel-hair pencil. Since then, in my own practice, I in the same way frequently employ oil of peppermint as a local anæsthetic, not only in neuralgia, but also in gout, with remarkably good results; indeed, the relief from pain I have found to be almost instantaneous."

It is worthy of note that some Chinese pharmaceutists in San Francisco and New York have been selling a remedy for neuralgia, which has gained some repute. It is a liquid put up in very small vials, holding about half a drachm each, which are sold at an exorbitant price. The l has a strong smell of peppermint, a in all probability the oil of that plar

—

Koumiss.—This is prepared from n milk, a beverage which the nomadic of Bashkirs and Tartars drink in a of fermentation. Dr. Victor Jagi late a physician of the Prussian arm been led to consider, in common with physicians of Russia and Germany the popular belief of these people, ascribes their exemption from cons tion, bronchitis, and other diseases t almost exclusive use they make of miss, has a considerable foundati fact. One of the first persons to attention to koumiss as a dietetic therapeutical agent was a Dr. Gr F.R.S. Ed., who held the post of p cian to the Russian army. The best miss is manufactured in the govern of Orenburg, especially on the larg tates of Istchoff, in the village of Kili in the district of Beleber.

Koumiss institutions, supported b Imperial Government of Russia, are existing in Samara, under Dr. Postin in Odessa, under Dr. Levenson; a Moscow, under Dr. Stahlberg. Thes tablishments are preparing their kou from mare's milk; but within the ten years institutions have been fou nearer to the centre of Europe, v koumiss is prepared from cow's mil in Warsaw, under the manageme Dr. Przystanski. In St. Petersburg many other towns of European Ru there are also institutions where kou is prepared from cow's milk by wor brought expressly from Tartary, as as in Charlottenberg, near Berlin, a Ottenstein in Saxony.

Drs. Lersh, Schwepp, With, and S berg, give a favourable opinion as t effects as a remedy. When a Ru physician advises his patient to take miss, the latter at once conceives the that he suffers from consumption; a fact the belief in the power of koumi this disease is said to have taken root, that patients use it of their accord, without any appeal to me advice.—*Lancet*, Nov. 26, 1870.

Death from Chloroform.—In the number of the *Medical Times and Gaz.* for Oct. 8, 1870, there is recorded a case which occurred at Yokohoma. The chloroform was administered for the reduction of dislocation of the shoulder-joint.

—

Smallpox.—A severe epidemic of this disease is now prevailing in London, and is increasing. During the fortnight preceding the 26th of November last, eighty-five deaths from it occurred, and the Registrar-General states that so many weekly deaths from it have not occurred since April, 1867. In the No. of the *Lancet* for December 10th it is stated that the deaths from it during the preceding week had risen to 60, the highest number returned in any week since June, 1863.

It behooves the authorities in this country to take every possible precautionary means of preventing its introduction here, and should it reach us, to prevent its spreading, by general vaccination and re-vaccination. The importance of this last cannot be over-estimated.

—

Deaths from Snake-bites.—It appears from a statistical table in the *Indian Medical Gaz.*, Nov. 1, 1870, that 11,416 deaths from snake-bites occurred in British India during the year 1869, or one death in every 10,000 inhabitants.

—

Professor Skoda.—We regret to learn that owing to impaired health Professor Skoda has determined on resigning his chair in the University of Vienna.

—

Mixed Medical Classes.—We have already noticed (Number for December last, page 177) the efforts at present being made for the instruction of male and female medical students in the same classes, and the attempt is so repugnant to our sense of decency that we are reluctant to again recur to it, but a recent discussion at the conjoint meeting of the Managers and Staff of the Royal Infirmary of Edinburgh, places the subject in so strong and disgusting a light that we may be excused for saying a word more in regard to it, for we are persuaded its advocates have not sufficiently reflected on the results which must inevitably follow.

At the meeting alluded to Prof. Lister stated "that he had just been removing the testicle from a patient, in which he had necessarily to expose the penis, and operating on the anus of another, and that he felt it would be impossible in decency to do these things in the presence of young ladies and gentlemen. One of his dissenting colleagues expressed his surprise at this statement, because he was satisfied such procedures could not possibly excite the sexual instinct; and a second followed up the argument by quoting an instance within his own experience of a daughter who passed the catheter for her father without having any sexual feelings excited whatever! Professor Lister protested that it was a feeling of disgust which decent men felt." His dissenting colleagues could not understand this at all; and the conclusion is, therefore, forced on us that their sense of decency is extremely obtuse or entirely wanting, and it would be as vain an effort to make them comprehend what constitutes modesty as it would be to endeavour to convey to a person born blind an idea of colours.

The Bishop of Manchester recently remarked at the annual meeting of the Manchester Society for promoting the higher education of women: "If any one looked upon a school of anatomy, containing mixed classes of male and female students of from eighteen to twenty-five years old, as an edifying spectacle in the midst of modern civilization, then their notions of what was right and becoming were different from his."

"Dissection," the editor of the *Lancet* (Dec. 10th) justly remarks, "is not a pleasant occupation at any time, and it is a very repugnant task to many students; but for a girl to be so occupied amid a number of male students seems to us, in one word, *nasty*."

And again, "if the male students feel this while the lady students do not, all we can say is that the former seem to us to manifest a far more delicate appreciation of what is modest and becoming than the latter."

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Incontinence of Urine.—By T. CLIFFORD ALLBUTT, M. D. Cantab., Physician to the Leeds General Infirmary.

GENTLEMEN: A young woman has just been cured and discharged from ward No. 10, to whose case I shall now direct your farther attention.

The malady under which she was suffering is one of a very distressing kind, and is by no means rare; yet it is one which, like some other functional disorders of the uro-genital system, receives less than its proper share of attention, chiefly because the patients labor under a double shame, which compels them to secrecy. As in spermatorrhœa, for example, so in the kind of incontinence of urine which closely resembles it, there is a consciousness of pollution which makes it doubly difficult for them to speak freely on a function which under any circumstances is not easily discussed. For the same reasons I contented myself with pointing out the young woman to you in the ward, and deferred any farther remarks upon her condition until I had the opportunity, which her absence now gives me, of handling it freely. Her history is as follows:—

Louisa T——, aged eighteen, has suffered from incontinence of urine at night for many years, as long indeed as she can remember. The recurrence is rather variable; sometimes she may pass a night or two nights without wetting her bed, but this relief is rare; as a rule, on awaking in the morning she finds her bed wet, and she has reason to suppose that expulsion of urine takes place on many nights more than once. This disorder is not only very

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distressing in itself, but is very injurious to her in her calling as a domestic servant. She came to us in despair on losing her last situation, scarcely hoping to be cured, but driven to seek some new remedy for a disorder which caused so great annoyance both to herself and all those about her. These facts were told to me in private by the girl and her mother when they came first to the hospital. Beyond the nocturnal incontinence I heard but little complaint of her health. The girl had certainly somewhat of the dull and downcast look we see in many epileptics, but she had not suffered from epilepsy. Her menstrual functions were normal. The family history was very imperfect. Every effort had been made to prevent the nightly discharge, but in vain. As in all such cases, the patient had avoided liquids during the latter part of the day, was most careful in emptying her bladder before retiring to bed, and very frequently she submitted to be called up once or twice during the night to pass her urine. In spite of these precautions, which were as fruitless in her case as in others of the same kind, the involuntary ejaculations still occurred during sleep. She believes that she generally loses urine twice during sleep—first about midnight, and the second time early in the morning. It does not appear, however, that she is a very sound sleeper, for her slumbers are easily broken when her mother awakens her for the purpose of natural relief. The long history of the case prevented the suspicion that any such irritants as worms, fissure of the anus, intra-vesical ulcers or calculi, were present; nor, on examination, could any such causes be ascertained.

Such is one example of a malady which is tolerably familliar to those who follow my out-patient practice, where we have generally five or six cases of it on our books. Children are the most common subjects of it; but not rarely it abides until early adult life, as in Louisa T——.

Now let us compare with the case I have just related to you the following, the notes of which have been placed in my hands by Mr. Drake: Catharine J——, aged twenty-two, a domestic servant, was admitted into my wards during the summer vacation, for general nervous debility. When admitted we were made aware that she also suffered from incontinence of urine. By day and night alike her water would dribble almost imperceptibly from her, issuing from the bladder in drops or jets so small that they defied the precaution of using the vessel. If she coughed or made other like efforts, more considerable quantities would suddenly escape from her. The incontinence was no worse at night, but was rather less severe, unless by lying on her back she threw the weight of the contents of the bladder upon the neck of it; in which case she had discovered that the incontinence became excessive.

My last patient, Louisa T——, was, as you remember, treated and cured with belladonna. For Catharine J——, belladonna was never prescribed, but liquor strychniæ. In a few days she was thus enabled to hold her water for half an hour, and in a week she recovered almost complete power over the bladder. You will see at a glance, when the two cases are set side by side, how different they are, and how different are the means needed for their respective cure. If we seek a parallel to the case of Catharine J——, we find it in a case of incipient paraplegia now under my care in No. 10: this woman tells us that sometimes her urine escapes from her by day, and that she is always obliged to hasten to the closet the moment a sensation of micturition is felt, or she would find herself overtaken.

But in other cases of paraplegia you may remember that retention of urine is seen, and we have the fear of this dangerous event always before us in the continued fevers. In these cases incontinence, diurnal and nocturnal, may also be seen; and it does not then signify a continual escape of the secretion as fast as it is formed, but rather signifies overflow—the bladder being filled beyond its capacity. A careless practitioner, who is unaware of this, and who is not awake to the duty of percussing the bladder daily in such cases of fever or of palsy, may by the neglect of catheterism become responsible for the death of his patient. Here

the explanation is simple: the patient in fever is unconscious of the sensation which naturally calls him to micturate; in palsy he also wants consciousness, or he may want power in the muscular coats of the bladder.

If, on the other hand, we seek a parallel to the kind of incontinence seen in Louisa T——, we find it in the spasmodic ejaculations occurring in cases of incontinence of semen. It is a mistake to suppose that incontinence of semen occurs as a consequence of onanism only; it may be due to other causes, and occurs often enough in continent or married men. In both these latter incontinences we have the same element: a sudden spasm, with consequent emission. The fact of emission is of course an accident, the spasm being the primary element; and we find accordingly that in nocturnal enuresis spasm is made manifest when ever so little urine is present, and no doubt occurs at times when too little urine is present to make its effects very evident. You will see that this event then differs in no essential way from epilepsy. Like it, epilepsy tends to recur, in its earlier stages at least, by night; and if there be no secretion voided, it is merely because the muscles involved do not happen to be the continents of a secretion—a difference which is accidental only. Like it, too, nocturnal epilepsy is brought best under control by the use of belladonna.

Let us now consider what are the elements with which we have in all these cases, and in nocturnal incontinence especially, to deal. We have in the bladder two sets of muscular fibres—the one set called collectively the detrusor set, and the other called collectively the sphincter, the two sets being opponent. In addition to this, we have afferent and efferent nerves, connecting these muscles with the sacral plexus, and with a definite region in the spinal cord, which experiment and observation lead us to fix somewhere about the sixth dorsal vertebra, and there they are brought into relation by means of nerve-cells. Other fibres pass onwards to the encephalon, and establish consciousness of irritation, and also that regulating power over the actions of the bladder which endows us with the valuable power of voluntary retention and emission of urine. Supposing, then, that this machinery goes wrong, we have to seek the fault first in the structure of the bladder itself. Such faults do not, however, come under our consideration at present, as we are dealing, not with surgical matters, but with diseases of the nervous system. We shall, then, look beyond the bladder to its innervation, and any one of the following faults is possible: (1) There may be excessive irritation or irritability of the afferent nerves; or (2) this may be deficient. (3) There may be excessive irritation or irritability; or (4) this may be deficient. (5, 6) There may be one or other of these opposite states in the nerves communicating between the spinal and the encephalic centre. The efferent encephalic fibres exercise, I say, that moderating action upon the central spinal actions which between the medulla and the heart is called inhibitory; in the latter case the heart is regulated in obedience to the less complex variations of organic actions; in the former case the movements of the bladder are regulated in accordance with the more complex variations of animal actions. When a very powerful impression upon the encephalon paralyzes these fibres, we have at once that spasm of the detrusor which we may see in a schoolboy brought up to be whipped. If, on the other hand, the encephalon remaining unaffected, the whipping be upon parts supplied by the sacral plexus, we have excessive stimulation of the afferent spinal fibres, and the same consequent tendency to discharge of energy in the uro-genital system.[1] Worms, or fissure in the rectum, uterine disorders, gonorrhœa, phimosis, or ulcers, calculi and acid urine within the bladder, act in the same way. Paresis of controlling encephalic fibres has then the same consequence as excitement of afferent spinal fibres; in both cases the detrusor urinæ, by excitement or by permission, overcomes the sphincter.[2] Again,

[1] Ita, ut aiunt, solent impudici quidam invitam venerem vergis sollicitare.

[2] I should not of course advance these novel views unless I thought I had evidence in favour

if we have regard only to the local efferent nerves, we see that exhaustion of the spinal centre has the same result of instability as exhaustion of its encephalic ally and as stimulation of the afferent nerves. Onanism acts in this way, both in causing frequent daily micturition—*castus raro mingit*—and especially in allowing spasmodic emission of either urine or semen, when during sleep the tension of the weakened spinal centre is no longer reinforced by an active encephalon.[1] In paraplegia we often have both these causes at work. Communication may be broken between the encephalon and the lower cord in the first place, and the spinal centre may be weakened likewise, allowing of priapism, seminal and urinal emissions, and other evidences of instability, in which cases the incontinence is often nocturnal at the outset; or it may be palsied, allowing of the complete incontinence of flaccidity, both diurnal and nocturnal. It would seem that exhaustion of neighbouring centres in the cord may spread to the genito-urinary ganglia;[2] for many men who, like Alpine climbers, exercise the legs strongly, but occasionally, are liable to irritability of the bladder, and to nocturnal emission of semen, during the first days of their holiday. When enuresis is due to the removal in sleep of part of the inhibitory action of the encephalon, we have by day what is called continence; but this continence is often imperfect, the patient being obliged to micturate frequently, and to answer the call quickly. Many healthy persons, of nervous temperament, many women especially, have this degree of incontinence at night, although their resisting power by day may not be insufficient.

This irritability of the detrusor is generally or always accompanied with ineffectual spasm of the sphincter also; in female bladder this is readily demon ted, and in young boys, who suffer i same way, the penis is usually half during sleep.[3] But in that form of i tinence which is seen in continuous bling, we have to deal with the op state in both sets of muscular fibres although the urine of such persons escaping from them, yet, on the hand, they are incapable of projec far on a voluntary effort. Dribbling from spasmodic incontinence in this it occurs as well by day as by night, t subjects of it are never able to pr strong stream, and that, unlike spa enuresis, it frequently takes plac sudden exertion like coughing. women who have borne childre whose parts are relaxed, become to hold their water when coughing. cases, and the similar debility we see in young persons, as well as in of advanced life, are susceptible of deal of relief from the use of stry and also of ergot of rye, sometim drug and sometimes the other havi advantage.

The treatment of spasmodic or turnal enuresis is very different, a sembles closely that needed for s incontinence. Everything calculat stimulate the afferent nerves of the plexus must be avoided. The p must avoid heating the nerves by t care to lie on the side, and by the a mattress with light bed-coverings. right also, for the same reason, to p fulness of the bladder at night by nence from evening drinks, and by n evacuations. In persons of this ir or spasmodic habit, every eccentric of irritation to the afferent nerves- as constipation, worms, uterine dis acid urine, and the like—must be rem and, on the other hand, the tone parts must be restored by the syste use of cold douches to the lower h the spine. In bad cases a very opiate or belladonna suppository act a charm in soothing the irritability.

of them; but their proof did not form part of the present lecture.

[1] In such cases it is well known that, even in waking hours, a very slight additional irritation to the afferent (pudic) nerves will upset central tension, and cause seminal discharge.

[2] Dr. Handfield Jones, in the last number of *The Lancet*, has suggested this weakening of a nerve-centre by exhaustion of its neighbour. Careful clinical watching of such cases would be a kind of experimental physiology.

[3] Herein I must differ slightly from t cently published views of Dr. Barney Ie *Lancet*, Oct. 22d, 1870).

pecially must belladonna be given also as a medicine during the day, or as a pill at bedtime. Children, as Dr. Fuller has shown, will bear belladonna in very large doses; and a little child suffering from nocturnal incontinence was pointed out to you on the last out-patient day whose malady remained untouched until we reached a dose of two grains of the extract at bedtime, when she found relief. Whether the belladonna be given at bedtime or as a daily medicine seems of little importance. Bromide of potassium, which seemed *à priori* a likely remedy, is quite useless. If you can add gentle local faradism to the cold douches, you will find great benefit arise from it; such, at least, was my own experience in two bad cases.

The general treatment needed in these cases is that needed in all persons suffering from instability of the nervous tissues; and as we sometimes find nocturnal incontinence in delicate, nervous children, often, moreover, associated with herpetic eruptions, seminal discharges, epilepsy, weakness of mind and temper either in themselves or in their near relatives, so we must never forget, by the use of our best "nervine tonic," cod-liver oil, of mild preparations of arsenic and of steel, and also of general hygienic measures, to restore that tone in which by nature they are deficient. In thus estimating your duty as physicians, gentlemen, I must, however, remind you that incontinence of urine very often depends on no constitutional habit, but on local disorders. In these cases the nocturnal incontinence is generally associated with more or less distressing diurnal irritation also. My surgical colleagues, and my friend Mr. Teale in particular, have, I believe, drawn your attention to the treatment required under these painful circumstances.

P. S.—Since the above lecture was delivered a very interesting and important note has appeared in *The Lancet*, by Dr. Thomson, of Peterborough. He was led empirically to recommend chloral as a remedy for nocturnal incontinence of urine, and apparently with great success. We have ample opportunities amongst our out-patients of trying this remedy; and if it answers in our hands as it has done with Dr. Thomson, it will supersede belladonna.—*Lancet*, Nov. 26, 1870.

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Clinical Remarks on Residual Abscess.—On the 10th of December, Mr. PAGET operated at St. Bartholomew's Hospital on a girl who presented the novel features of a residue of obsolete pus in a cavity in the lower end of the tibia. On her admission, rather more than a year ago, with acute necrosis of the tibia, a long incision was made in the line of the bone, and a quantity of pus liberated from between it and the periosteum. Later, an attempt was made to take away the necrosed portion of the bone, but it was found to be too firmly fixed. In August last, however, Mr. Callender, in Mr. Paget's absence, succeeded in removing a large portion of the middle and upper thirds of the shaft. The wound healed well, but there still remained at the lower end of the limb one or two small openings leading down to some more dead bone, with a view to remove which Mr. Paget performed the operation in question. His incision disclosed one or two small sequestra, and the large cavity in the lower end of the shaft of the tibia which contained them was filled with thick mortar-like substance consisting of half-dried obsolete pus.

In remarking on this case, Mr. Paget explained that such cavities in bone usually become filled with a soft and vascular fibrous structure; but that, as in the case of abscesses elsewhere, the contained pus may, on the other hand, remain behind, and dry up into the inspissated substance called "obsolete pus," leaving the patient liable to a return of acute inflammation of the part, resulting in what he calls "residual abscess." In the present instance, for example, had not the small remaining portions of necrosed bone led to the exploratory operation, the patient's limb would in all probability have healed with every outward sign of perfect health, but yet inclosing a substance which, perhaps soon, perhaps after a term of years, would, under the influence of a decline in general health or some other exciting cause, have lit up acute inflammation, and produced another abscess. As an il-

lustration of this process, Mr. Paget referred to a patient whose case had already been mentioned elsewhere, but on whom a post-mortem examination has since been made. Twenty-four years before his death the patient was believed to have an abscess in the left iliac rigion, of which he was near dying. It was supposed by the two eminent medical men who attended him to have occurred in connection with disease of the cæcum. He remained in fair health for twenty years, and then, two years before death, another abscess appeared below the crural arch and in the loin. It was opened successively in both these places. When the patient at length died exhausted by the profuse purulent discharge which it maintained, the evidence of the post-mortem examination went to show that the first abscess had been caused by disease of the lumbar vertebræ, and that the second had been a residual abscess, formed about the remnants of the old disease.—*Lancet*, Dec. 17, 1870.

Clinical Remarks on Stricture of the Œsophagus. By Mr. PAGET.—Two cases of stricture of the œsophagus, produced by the action of corrosive fluids which had been swallowed some time previously, came recently under the care of Mr. Paget, at St. Bartholomew's Hospital, and remained for a time in his wards, while, to prevent ultimate closure of the tube, the patients were instructed in the art of passing bougies through the strictured portions.

With reference to these cases Mr. Paget made some interesting remarks on the diagnosis and treatment of stricture of the œsophagus, in the course of which he explained his views of that particular form of stricture which is usually denominated "hysteric" or "spasmodic." It was, he said, the homologue in the pharynx or œsophagus of that want of harmony between the organs of speech and respiration which produces stammering; and appeared to depend on a want of perfect concert between certain involuntary muscles and muscles under the control of the will, which are designed to act in harmony. In the latter case the muscles of respiration do not act in time and unison with t organs of speech; in the former, inste of the normal contraction of successi portions of the upper part of the alime tary tract from above downwards, whi transmits the food regularly from t mouth to the stomach, there occurs an u ruly contraction of certain fibres, whic as long as it continues, bars the passa of food as completely as if some perm nent obstruction existed. The degree this contraction varied in different cas in some it only compelled the patient take his meals apart, or inconvenien him whenever his attention was in any w directed to the act of swallowing; wh in others, it produced contraction so ob nate and complete that the maintenan of life by means of gastric digestion w wholly prevented. In those extreme cas recourse must be had to enemata; an as in all other cases where nutritive m terials have to be supplied to the body f more than three or four days by the i troduction of food into the rectum, would be found necessary to make use something more than beef-tea and brand and, by injecting preparations containi fats, starches, sugars, and vegetable s well as meat juices, to supply all the in gredients which are contained in a natur diet, and are essential to the building u of the various tissues of the body. Of th fact that vegetable juices could thus b effectually introduced into the system, h had recently had very satisfactory pro in the case of a patient with whose nu tritive enemata had been mixed some the essence of water-cresses, proposed b Mr. Wyatt: at the end of a few days th patient had begged that the quantity the essence might be diminished, becau the flavour of that vegetable in his mou had become so strong and so constant s to be extremely disagreeable. — *Lanc* Jan. 7, 1871.

HOSPITAL NOTES AND GLEANINGS.

Cases under the Care of Mr. James Ada in the London Hospital.—Mr. ADA pointed out instances of the following u usual injuries:—

Dislocation of the Right Os Innomi tum.—This injury had befallen a Gr

sailor, ten weeks previous to admission, in consequence of a violent blow which fell upon the bone a little above the acetabulum. On admission the entire bone was found to move freely at the symphysis pubis anteriorly, and at the sacro-iliac synchondrosis posteriorly. A double spica bandage had been applied, and the patient kept at rest. At the time of our visit, a month later, the bone had become much less movable. There had been no symptoms of injury either to the pelvic viscera or to the hip-joint.

Fracture of the Epiphysis of the Crest of the Ilium.—A young man, twenty years of age, had been thrown down and kicked on the left hip. On admission a small wound was found below the anterior superior spine of the ilium, and a long, slender solid body was found to glide freely on the crest of the ilium, both when forcibly moved and during a deep inspiration. The sensation conveyed to the finger suggested that the contiguous surfaces of the loose body and the iliac crest were smooth and cartilaginous. There was no bony crepitus. A spica bandage had been applied, and the mobility of the severed epiphysis was becoming less.

In the early part of the afternoon Mr. Adams had removed, by Teale's operation, the leg of a man who had a large malignant ulcer of the heel.—*Lancet*, Dec. 24, 1870.

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The Estimation of Albumen during the Use of Diuretics.—The quantity of albumen in the urine of a patient who had been admitted into Middlesex Hospital with mitral disease, albuminuria, and some consequent œdema, was reported to have undergone a marked diminution. Dr. Murchison directed attention to the fact that, in estimating the proportion of albumen, the quantity of urine passed by the patient must also be taken into consideration; and it was found on inquiry that in this instance the apparent decrease of albumen corresponded with a sudden rise in the daily excretion of urine from 16 to 180 ounces, due to the exhibition of ten-minim doses of tincture of digitalis three times a day. Dr. Murchison pointed out that, comparing the increase in the quantity of the urine with the decrease in the proportion of albumen, the actual quantity of the latter secreted in twenty-four hours remained about the same as before. He directed that the dose of digitalis should be reduced.—*Lancet*, Dec. 3, 1870.

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Diagnosis of a Case presenting Acute Pyrexia, with Eruption on the Face.—Two days before admission into Middlesex Hospital, this patient had experienced severe rigors, which were shortly followed by pain in the head, back, and left side; at the same time he became hot, and began to vomit. The pain and vomiting continued throughout the second day. On admission, about forty-eight hours after the onset of the symptoms, there was an eruption on the face; the skin was found to be dry, with a temperature of 104°; the pain remained present in the situations indicated, and had become increased in the left side, and the patient continued to vomit. The points in favour of variola were said to be the vomiting and high temperature so early in the disease, and the pain in the back; against it were the increasing pain in the left side, and the facts that the temperature remained high, although the eruption on the face was well marked, and that this eruption itself was found on examination to present the distinctive characters of acne. It appeared, therefore, that there must be some local inflammation in the chest, and attention was directed to the base of the left lung, the site of the pain. On the day of admission neither dulness on percussion nor crepitation had been detected in this situation; but the breathing had been found to be less vesicular than at the opposite base, and accompanied by bronchitic râles. At the present time (the following day) the temperature was 103.8°; there was an acute herpetic eruption on the lips; there were two inches of dulness at the left base posteriorly, and in the left infra-axillary region and in the lower half of the left back friction-sound and distant tubular breathing were heard. The patient had a cough, and brought up rusty sputa. These conditions indicated plainly enough that the case was one of pneumo-pleuritis, though the general dis-

turbance had been far in excess of the amount of local disease. There was a small quantity of albumen in the urine, and it remained to be proved whether the renal complication was a consequence of the chest inflammation, or whether the great constitutional disturbance, the chest inflammation, and the albuminuria, were not the consequences of the presence of a general poison in the blood. Dr. Murchison ordered a mustard and linseed poultice to the affected part of the chest, and ten minims of tincture of aconite three times a day, to be reduced to five as soon as an effect should be produced on the pulse.—*Lancet*, Dec. 8, 1870.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Exsection of the Head of the Humerus for "Chronic Rheumatic Arthritis."—Prof. GEORGE C. BLACKMAN records in our esteemed contemporary the *American Practitioner* (Jan. 1871), the following case of this:—

P. H., æt. 50, was admitted into the surgical ward of the Cincinnati Hospital, March 31, 1870. Fifteen years ago he lost the index-finger, and all the terminal phalanges of the left hand, from the effects of frost. Two years subsequently he sustained a compound fracture of the right arm, necessitating amputation at the lower third. He had never contracted a venereal disease. Four months previous to admission the anterior portion of the thorax was thickly covered with an eczematous eruption, and a large tumour presented itself in the left mammary region, from which came a free purulent discharge.

On admission there was very limited use of the left arm; the head of the humerus could be thrown easily from the cavity by passive motion, giving a crackling sensation; a chain of enlarged lymphatic glands was traced down the axillary region. The tumour was the size of a blacksmith's fist. The spontaneous opening was enlarged, and a large amount of purulent matter evacuated. The eruption gradually yielded to the administration of liq. potass. arsenit., and the general condition of the patient was m improved by large doses of syrup of dide of iron and manganese.

On the 24th day of May an inci was made from a point over the acromion, extending downward three one half inches; and when the caps ligament was penetrated a yellow fluid escaped, and a fistulous tract necting the cavity of the joint with pectoral abscess was disclosed. Thro this incision the dislocated head of humerus was turned out, and two in of porous, softened bone removed the saw. A solution of five grains of bolic acid and one ounce of water injected down the fistula, and a comp adjusted. Quinia and whiskey, wit nourishing diet, were ordered. By 14th of June the tumour had disappear and the discharge of the purulent mat from the lower opening was slight. Ea in September the incision over the jo was completely closed, and he was tra ferred to the infirmary in excellent heal

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Deaths from Chloroform.—In the numb of the *Cincinnati Lancet and Observer* Jan. 1871, there are reported, by Dr. W. Dawson, Surgeon to Cincinnati H pital, the notes of twelve hitherto unp lished cases of death from chloroform.

Episcopal Hospital.—Drs. H. B. H and Herbert Norris have been elec physicians to this institution, vice I H. C. Wood and E. A. Smith, resigned

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Philadelphia Hospital.—Horatio C. Wo Jr., M.D., has been elected to fill the p of physician in this institution, made cant by the resignation of Dr. Edw Rhoads; and Geo. Pepper, M. D., visit accoucheur, vice Dr. Schofield, resigne

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Dispensary for Skin Diseases.—An inc porated Institution, bearing this name, been organized in Philadelphia, for purpose of giving gratuitous advice those afflicted with cutaneous malad Dr. L. A. DUHRING has been appoin physician to the dispensary, which located at No. 216 south Eleventh str and is open daily at 11 o'clock.

OBITUARY RECORD.—Died in Philadelphia, Jan. 1, 1871, of pneumonia, JOHN RHEA BARTON, M. D., aged 77. Dr. Barton graduated in Medicine at the University of Pennsylvania in 1818, and was subsequently in active practice for about twenty years, during which time he achieved a high reputation by his numerous and valuable contributions to surgical art and literature. Brought up under the tutelage of Dr. Physick, his operations were characterized by the extreme neatness and carefulness of that great master, with, perhaps, even greater boldness, brilliancy, and originality. His name is inseparably connected with certain operations, as that for the relief of anchylosis by the formation of an artificial joint, and also with a peculiar fracture of the lower end of the radius, known as Barton's fracture. He was for many years one of the Surgeons to the Pennsylvania Hospital, and contributed largely to the fame of that institution.

Dr. Barton retired from practice more than thirty years ago, after a career, short it is true, but one of rare brilliancy, and of lasting, not ephemeral, usefulness.

Among some of his more important contributions to surgical literature, may be mentioned the following: Treatment of Anchylosis of the Hip-joint by the Formation of an Artificial Joint (*North Am. Med. and Surg. Journ.*, vol. iii. April, 1827); A New Treatment in a Case of Anchylosis (*Am. Journ. of Med. Sci.*, Feb. 1838); Longitudinal Section of the Lower Jaw, for the Removal of a Tumour (*Am. Journ. of Med. Sci.*, Feb. 1831); Operation performed and recommended for the Cure of Imperforate Anus (*Med. Recorder*, vol. vii. 1824); On Certain Injuries of the Bones of Children (*Ibid.*, vol. iv. 1821); On a Peculiar Fracture of the End of the Radius (*Med. Examiner*, vol. i.); A New Treatment in a Case of Anchylosis of Knee (*Am. Journ. of Med. Sci.*, vol. xxi.) etc.

He was also the inventor of a lithotomy forceps (*Philad. Journ. of Med. and Phys. Sci.*, vol. viii. p. 147); of the fracture box (*Am. Journ. of Med. Sci.*, vol. xvi., 1833, p. 31); of the "bran dressing" for compound fractures, (*Ibid.*, April, 1842, p. 515); of a bandage for fracture of the lower jaw (*Am. Med. Rec.*, April, 1819, p. 153); etc.

——, in Philadelphia, Jan. 15. 1871, aged 29 years, EDWARD RHOADS, M. D., late Physician to the Philadelphia Hospital, and Clinical Lecturer on Physical Diagnosis in the University of Pennsylvania. Dr. Rhoads was distinguished for his great industry, the extent and accuracy of his knowledge, the soundness of his judgment, and his great modesty. His career had given promise of remarkable usefulness and success, and his loss is deeply deplored by a large circle of professional and personal friends.

——, in Richmond, Va., Dec. 27, 1870, BEVERLY R. WELFORD, M. D., late Professor of Materia Medica in the Virginia Medical College, and a gentleman highly esteemed for his honourable character as well as for his professional attainments.

FOREIGN INTELLIGENCE.

Treatment of Scarlet Fever.—In a recent article (*British Medical Journal*, Dec. 24, 1870), Dr. RENFREW says, in the treatment of scarlet-fever, agents should be given that will prevent the reabsorption of the poison, hinder its formation, moderate and assist physiological and chemical actions and changes.

The medicine which I have used for these purposes for nearly eight years is a mixture containing tincture of steel and chlorate of potass. In this mixture we have chlorine, muriatic acid, iron, and chlorate of potassa. The chlorine acts upon and destroys the poison in the stomach; and probably some of it is taken into the blood, producing the same effect there. The muriatic acid, Dr. Chambers says, "is such a large constituent of the body, that it might almost be called a food, instead of a medicine; and that it is a powerful arrester of decomposition of animal matters." He also says about the ammonia, "very difficult would it be for the eliminator to get this alkali out; but it is easy for the restorers to get acid in." By getting the acid in, we lessen the alkalinity of the blood, and neutralize one of the conditions favorable for the develop-

ment of the poison. The red disks of the blood are the carriers of oxygen; but, in their "black and melanosed condition," they are not in a condition for accomplishing this function The iron supplies that which is likely to improve the deteriorated disks, and we give that which we know rapidly increases their number. The chlorate of potassa supplies oxygen to the blood—which must be very deficient, from the condition of the red disks and the rapid disintegration that has been going on—to enable the physiological and chemical changes to take place, and oxidize the disintegrated substances that are floating in the blood.

The forms in which he gives the medicine are the following:—

1. For a child two years old: ℞ Tinct. ferri perchloridi ʒiss vel ʒij; potassæ chloratis ʒj; glycerinæ ʒiss vel syrupi simplicis ʒj; aquæ q. s. ad ʒiv. Two teaspoonfuls to be taken in water every hour or two hours.

2. For an adult; ℞ Tinct. ferri perchloridi ʒiv; potassæ chloratis ʒiij; glycerinæ vel syrupi simplicis ʒiss; aquæ q. s. ad ʒviij. One tablespoonful in water every hour or two hours.

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Etiology and Treatment of Diphtheria.—Prof. STEINER, of Prague, has published in the *Jahr. f. Kinderk.* of November 1st, 1870, a series of cases in which he was able to try different kinds of treatment, and watch the result. He thinks that the etiological question is not as yet solved, although very great authorities consider diphtheria to depend on blood-poisoning. Nor can the purely local cause, in the shape of germs, be satisfactorily proved. Further investigations are indispensable to decide between the two theories. Therapeutically, the professor considers that the means which answered best in his hands are lime-water locally, and, internally, quinia, chlorate of potassa, and wine; when laryngitis occurs, emetics; and if they act no more, tracheotomy. When paralysis follows the acute attack, tonics are to be recommended, but the author has found that in many cases the symptoms of paralysis disappeared without treatment.

Dr. Moritz Schlier has tried carboli acid extensively in diphtheria, his reaso for using it being the supposed existen of germs in this disease. The solutio used was 1 in 16, and it was energetically applied to the false membrane by mea of the finger wrapped in some linen. N internal remedy was employed; but tho patients whose age allowed them to ga gle, were made to wash out the mou with the above-named solution every h hour. Out of 36 cases, 18 recovered, a these were all very severe; most of t patients, also, were out of danger in ab four or five days. During convalescen tonics and wine were liberally used. *Lancet*, Jan. 7, 1871.

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Calabar Bean in Constipation.—D VICTOR SUBBOTIN (*Arch. f. Klin. Med.*, 2, 3, 1869) communicates cases in whi he obtained remarkably good results fro this remedy. He prescribed a solution the extract in glycerine, one to thirty, t dose being four drops four times dail A fecal tumour which resisted stron doses of a cathartic was quickly dispelle in this way. The cases in which th treatment is most suitable, are those du to atony of the muscular coat of the bow els, on which the Calabar extract act powerfully, as is shown by experiment on animals.—*Med. Press and Circular*, Jan. 4, 1871.

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Sulphurous Acid in Typhoid Fever.—D WILKES, of Ashford, Kent, affirms (*Me Press and Circular*, Dec. 14, 1870) that h has had very great success in the trea ment of typhoid fever by means of sma doses of sulphurous acid. He gives t acid with syrup of oranges in water, doses of from two and a half to twen minims every four hours, until the patie complains of tasting, as it were, lucif matches. He alleges that this reme arrests the further development of t fever-poison, and thus *exterminates* t fever. "Briefly it is an antidote." 173 cases of typhoid fever treated, o two died, and these two did not take acid.

—

Bromide of Potassium in Ague.—Brom of potassium was first introduced i

medical practice, as a remedy for enlargement of the spleen, by Dr. WILLIAMS. Dr. Moxon has lately been trying among the out-patients at Guy's Hospital, the bromide in cases of ague (*British Med. Journ.*, June 11, 1870). The results are such as to show that this drug possesses very remarkable power over ague, and a power that promises to be of important use in many of the more obstinate cases. In one case illustrative of its action, the patient had had tertian ague for two months before admission to the hospital, and had taken quinia without benefit; after admission he took eighty-four grains more without benefit. Twenty-grain doses of bromide, three times a day, were then given, and he was discharged cured in ten days. It is found always to check the ague, and often to cure it permanently, not always; but that is the case with any remedy.

—

A Remedy for Sea-sickness.—There have been many suggestions made as to the prevention of sea-sickness, none of which have, to say the least, been found in practice to be completely successful. The introduction into practice of hydrate of chloral, which produces with certainty sleep for a definite number of hours, has suggested a means of escaping the horrors of a short sea-passage at least, and possibly of mitigating the most prolonged horrors of sea-sickness. To go asleep at Dover, and to wake to find one's self at Calais, is a plan which, failing other expedients, has in it much promise. An ordinary dose of hydrate of chloral produces sleep usually in a quarter of an hour, and with almost unfailing certainty. Some cases just published by Dr. Doring of Vienna seem to show that the value of hydrate of chloral to obviate sea-sickness is very great. It produces quiet and prolonged sleep. In all the instances recorded, it seems to have been of great value even during prolonged sea-voyages, giving a good night's rest, arresting violent sickness when it had set in, and stopping the tendency to its recurrence.—*Brit. Med. Journ.*, Dec. 3, 1870.

—

Treatment of Housemaid's Knee.—Mr. THOMPSON, of Westerham, gives (*Brit. Med. Journ.*) a series of cases showing the beneficial results of the application of the plaster of ammoniacum and mercury to cases of inflamed bursa patella, which he thinks is not so generally known and accepted as it ought to be. The following is one of the cases reported: On July 18, 1868, a housemaid awoke in the night with acute pain at the knee. I found great pain, heat, and tenderness over the patella. The bursa was much swollen. She was feverish and ill, and was ordered to remain in bed, and keep the knee covered with spirit lotion. On the 23d the acute symptoms had subsided. The bursa was very distended with fluid. The plaster was applied. On the 30th the swelling was entirely absorbed, and she was at work again. — *Practitioner*, Nov. 1870.

—

Neuralgia of Jaw following Tooth-Extraction; Treatment by Prof. Gross's Method. —In the number of the *American Journal of the Medical Sciences* for July, 1870, is a description by Prof. Gross, of a form of neuralgia of the jaw-bones following tooth-extraction, and depending, as he thinks, on compression of the alveolar nerves by the osseous material deposited during the reparative process. The following is an example of the affection.

Solomon K., aged 18, had for some weeks been attending as an out-patient at the Leeds Infirmary, on account of excruciating pain in the lower jaw. Six months ago, the left lower anterior bicuspid tooth was removed in a state of decay. In from a week to ten days afterwards, he began to suffer intense pain in the part, and occasionally a little blood oozed from the gum. He sought relief from many sources, but in vain; and during his attendance as an out-patient at the infirmary, the usual anti-neuralgic remedies had been prescribed to no purpose. The affected gum was hard, and adherent to the bone; and pressure upon it aggravated the pain, which, though chiefly felt where the tooth had been, radiated to a considerable distance around. After having seen Dr. Gross's statement, Mr. Jessup admitted the young man; and, on October 20th, he cut down upon and removed with bone-forceps and

gouge a portion of the alveolar border. The relief was complete, and continued up to October 29th, on which day he was discharged. He has not since been seen. —*British Med. Journal*, Jan. 7, 1871.

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Fatal Results of Caries of the Temporal Bone.—Dr. E. H. BENNET showed to the Pathological Society of Dublin, two specimens illustrative of the fatal results of caries of the temporal bone. Both patients were women, and had, previously to their fatal illnesses, enjoyed good health with the exception of occasional slight otorrhœa. The first patient, aged forty years, became suddenly excited, violent headache set in, and in two or three days she became comatose, and never rallied. After death, appearances similar to those in fatal cases of cerebro-spinal arachnitis were noticed. An extensive decomposition of lymph had taken place in the pia mater beneath the arachnoid membrane. The lymph lay thickest close to the origin of the seventh nerve of the affected side; and around its insertion into the medulla oblongata, a perceptible induration existed. The lateral sinus was healthy, but the entire petrous portion of the temporal bone was softened and red. The portio mollis was adherent in the internal meatus, and the tympanum was destroyed. These latter lesions were evidently of an old date. The inflammatory action in the fatal attack had probably originated in the seat of the primary disease, and spread thence inwards along the course of the portio mollis. The second patient, aged thirty-five, had been attacked with severe pain in the head. Sudden symptoms of general pyrexia followed, and shortly afterwards complete paralysis of the portio dura on the affected side. In this instance, death was clearly due to pyæmia, pleuritis and general pulmonic congestion having set in before death. Here, signs of meningitis were wanting; for, though the brain was somewhat congested, no purulent deposits had occurred. An encysted abscess was found in the temporal bone, and the petrosal and cavernous sinuses were full of purulent matter. Deposits of pus were discovered in the lungs. A remarkable symptom which had been present during life, was e by the condition of the cavernous This was the extreme distension conjunctivæ with serous fluid, th of passive congestion in the op veins. The nerve-trunk of th dura had apparently been destroy ly before death.—*Brit. Med. Jou* 24, 1870.

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Skin-Grafting.—Dr. DAVID I Edinburgh, has made some inves (*British Medical Journal*, Dec. 1 which throw a very important a resting light on this subject. servers agree in describing the di ance of the characters of true sk piece laid on the wound, and the appearance of a small pellicle, wh mately becomes a centre of cicat Mr. Nelson Dobson, in the pap he read at the Bath and Bristol of the British Medical Associat scribed the excellent results from fine shavings of skin into small and all authorities have agreed f first that the skin taken should pletely free from subjacent ar adipose tissue. Dr. Page goes still Microscopic examinations into the logical characters of the proce convinced him that "the so-call grafting consists in truth not of plantation of true skin, but of lium." The pellicle, which ret vitality, and proved of initial inducing cicatrization, was found sist of young epithelial cells. the cicatrix thus induced, and tha by the ordinary normal process el were undistinguishable one from t and, under the microscope, prov of the same fibro-cellular charact

Dr. David Fiddes, of the Roy mary, Aberdeen, has clinically a a conclusion which affords a ren support of Dr. Page's observati deductions, if confirmed by furth vations. He says that it is quite sary to put the patient to the cutting a piece of healthy skin f body for the purpose of transplant the sore. "All that is necessar done," he says, "is to take a long

or razor, and shave or scrape off the epidermic scales from the convex parts of the extremities, such as the outer and convex aspects of the forearms and thighs, and place them on the healthy granulations. This can best be done by brushing the scales off the bistoury with a camel-hair pencil. After securing them *in situ* for three or four days by means of common adhesive plaster, the granulations on which the epidermic scales were placed assume a glazed bluish appearance, which gradually grows into skin, and meets the nearest edge of the healing ulcer, which edge shoots out and meets the newly-formed skin on the granulations. The result is continuity of healthy skin." This last, it will be observed, is a very important statement. Dr. Page's observations lead him to the opposite conclusion, that there is no nearer approach to the condition of true skin than in cases of ordinary cicatrization, but only a more rapid formation, and from a greater number of centres, of a tissue of very low vitality, deficient in many of the functions of the true skin, and easily destroyed by causes that would not affect the latter. The sphere of usefulness of the operation will be largely affected, according as the one or other view proves to be correct. No doubt clinical observations will multiply; and we direct attention to these points, as the best method of furthering the discovery of the place in surgery of this new and suggestive practice.—*British Medical Journal*, Dec. 24, 1870.

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Cause of the Occurrence of Labour at the Close of the Ninth Month of Utero-gestation.—Prof. Alex. R. Simpson, in his introductory lecture (*Edinburgh Med. Journal*, Dec. 1870), gives the following explanation of this: "Since the true nature of the decidual membrane came to be fairly understood, it was natural to seek in the changes which it undergoes for an explanation of the cause of the occurrence of labour at the close of the ninth month of utero-gestation. The search has not been fruitless. For it has been found that in the natural course of development, the decidual membrane at this period has undergone a degree of fatty degeneration which has brought it to the last stage of its existence, when it would either require to be melted down and absorbed, or be thrown off as a foreign substance. The same change occurs in it at an earlier date if through some disease an end be put to the life of the fœtus, and in such a case expulsion of the dead child does not take place until time has been given for the degeneration to occur in the decidua, which leads to its being loosened from the uterine parietes and reduced to the condition of a foreign body. The observation of this phenomenon has led by a beautiful induction to the employment of the simplest, safest, and surest means of bringing on labour, by imitating the process of nature and producing an artificial separation of the membranes from the interior of the uterus in those cases where, to save the life of the child and to lesson the mother's risk, it is found needful to induce the labour prematurely.

—

Chloralum.—Dr. Stevenson read (December 17, 1870) before the Association of Medical Officers of Health, his report on chloralum as an antiseptic and disinfectant. The substance, aluminic chloride, was not new to chemists. It seemed to have no action on sulphuretted hydrogen. It would deodorize some compounds perhaps, because it fixed ammonias and organic ammonias. In its antiseptic properties, it seemed to be like many other mineral salts. It stopped putrefactive change to a great extent, but seemed inferior to carbolic acid. It was difficult to determine whether it had disinfectant powers; probably it had. Dr. Stevenson thought that in any case its expensiveness, as compared with carbolic acid and other disinfectants now in use, would weigh against it. It might be of advantage in the case of dead bodies, where the preservation of color was of importance. —Mr. John Gamgee had been assured by Dr. Angus Smith and others, that this was almost an untouched subject. He claimed for chloralum a superiority over carbolic acid, on account of its inoffensiveness and harmlessness; and because the strength could be moderated at pleasure. It was

applicable to ten times as many purposes as carbolic acid, and could eventually be manufactured at one-third the price.—*British Medical Journal*, Dec. 24, 1870.

—

Comparative Energy of Antiseptics.—Dr. F. Crace Calvert has performed two series of experiments in order to ascertain the comparative powers of various substances ordinarily used as antiseptics. The first consisted in placing in bottles (not corked) solutions of albumen and flour paste. To these he added various proportions of some of the substances patronized at the present time as antiseptics.

The results of these experiments clearly show that the only true antiseptics are carbolic and cresylic acids; and these results coincide with those obtained by Mr. William Crookes, F.R.S., Dr. Angus Smith, F.R.S., and Dr. Sansom. These two acids continued their action till the albumen solution and paste dried up. The second series had the object of ascertaining which of the undermentioned substances would possess the most active power in destroying such germs, and thus preserving the animal substance from decay. At the bottom of wide-mouthed pint bottles, Dr. Calvert placed a known quantity of each of the antiseptics, and suspended over them by a thread a piece of sound meat; and, by daily examination, it was easily ascertained when the meat became tainted or putrid. The following table gives the results obtained:—

Antiseptics used.	Became tainted.	Putrid.
Permanganate of potash	2 days.	.... 4 days.
Chloralum	2 "	.... 10 "
McDougall's disinfecting powder	12 "	.... 19 "
Chloride of lime	14 "	.... 21 "
Tar oil	16 "	.... 25 "
Chloride of zinc	19 "	.... —
Carbolic disinfecting powder	Did not become tainted, but dried up and became quite hard.	
Carbolic acid		
Cresylic acid		

British Medical Journal, Dec. 24, 1870.

—

Hydrate of Bromal.—The hydrate of bromal, or bromal-hydrate, is the corresponding compound to chloral hydrate, the chlorine being replaced by bromine. Its composition is $C_2 HBr_3 O, 2H_2O$, it being formed by the direct action of bromine upon alcohol.

From experiments made under t supervision of Liebreich himself in t Berlin Pathological Institution, and pu lished some time since in the *Press* would seem that this compound when ministered to animals, undergoes a si lar change to the chlorine compou But this change goes on much slower the end of an hour and a half there found in the blood, in addition to brom form, still some undecomposed brom It is also evacuated in the urine as bi mides.

The symptoms produced upon anim were—first, a stage of restlessness, f lowed by imperfect sleep and anæsthes and finally dyspnœa and death with a without convulsions.

The preliminary stage of restlessn which has no equivalent in the admin tration of chloral is ascribed to the act and conversion of the bromal into al hyde. It being oxidized in the us manner by the arterial blood the deco position proceeds much more slowly th it would in the case with chloral. T author and others, however, had obser a stage of restlessness after hypn doses of chloral. In the case mentio by Liebreich, a patient was suffering fr gout, and it was no doubt due to the a state of the blood preventing the us decomposition into chloroform. W alkalies were administered to the pati the same dose of chloral hydrate p duced sleep. It would be most desir to try some experiments upon these c pounds, particularly as regards their hibition in conjunction with ammonic trates of the alkaline bases; it is pro ble that the uncertainty exhibited chloral hydrate would vanish by suc method.—*Med. Press and Circular*, Jan 1871.

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The Phenomena of Death by Drow and Cold.—The phenomena of death drowning and cold formed the subje Dr. Richardson's experimental and p tical lecture on Tuesday. He sho amongst other experiments, that which would be presumed to be dead f what he called "glacial death" were e recoverable. His view as to the sud

ness of the collapse of the body in water at freezing-point is, that the exhaustion follows on peripheral nervous shock, due to the cold, and quick succeeding exhaustion of the nervous centres. Thus the temperature of the brain was reduced to 56° F., in an animal drowned in freezing water, while the temperature of the chest and abdomen was at 79° F. Death from drowning under ice is, Dr. Richardson states, one of the most rapid of deaths, and is completed, he believes, with so quick an extinction of consciousness as to be actually painless. The heart retains its power of action, the blood remains fluid, and the muscles keep up their irritability for a long time after apparent dissolution; and so favourable are all the conditions for the renewal of living action, even for two hours, that a considerable advance in the practice of resuscitation must follow upon further careful and laborious experimental research.—*Lancet*, Jan. 7, 1871.

—

Spontaneous Generation.—This subject is at present attracting great attention, and many of the most competent investigators are at work endeavouring to elucidate it. Prof. HUXLEY, in his address, brought it to the attention of the British Association for the Advancement of Science at its late meeting, presenting an able exposition of his opinion which brought out the views of others, giving rise to a very animated discussion. In that address, as remarked in the *Lancet* (Dec. 31, 1870), Prof. Huxley "stands forward as an opponent of the theory of spontaneous generation, except in so far that, if it were 'given him to look beyond the abyss of geologically recorded time to the still more remote period when the earth was passing through physical and chemical conditions which it can no more see again than a man can recall his infancy, he should expect to be a witness of the evolution of living protoplasm from not living matter'; otherwise he holds that inorganic cannot form organic compounds except under the influence of pre-existing protoplasm. Dr. Bastian, on the other hand, endeavours by numerous and carefully conducted experiments to show that, under conditions that preclude the idea of the pre-existenco of ova or living particles of any kind, organisms of low type—such as bacteria, vibrios, and various simple fungi—may develop when their chemical elements are brought into relation under otherwise favourable circumstances of light, heat, and moisture. Prof. Tyndall's researches here come in, showing that, under all ordinary conditions, the atmosphere is charged with a fine dust clearly of an organic nature, since it is destroyed by a red heat, and which, as we do not yet know its precise relations to temperature, may possibly contain the germs of such organisms as have not been destroyed by the temperatures to which Dr. Bastian's infusions were subjected. The question will be settled when some inquirer obtains a living and growing organism from chemically pure oxygen, hydrogen, nitrogen, and carbon in the presence of water—a consummation from which we appear to be sufficiently distant as yet."

—

Medical Science in Paris during the Siege.—Dr. J. A. FORT, writing from Paris on Nov. 24th to Prof. Pacini of Florence, says that the Surgical Society attempted to resume its weekly meetings on November 7th. Seven members only were present. M. Boinet spoke of some cases of tetanus which he had observed among the wounded in the Palace de l'Industrie; he attributed the disease to cold—the wards being badly warmed. M. Giraldès had also seen some cases of tetanus in the Val-de Grâce Hospital. Both these surgeons spoke in praise of chloral, the use of which had been followed by recovery in two-thirds of the cases. The amount given varied from eight to ten *grammes* in twenty-four hours; it was dissolved in simple syrup, and given in doses of a spoonful. The Academies of Medicine and of Science were also meeting, and were occupied in discussing the existing state of affairs. The Session of the School of Medicine had commenced, and the professors had begun their lectures. Dr. Fort had commenced giving a course of surgical anatomy.—*British Medical Journal*, Dec. 31, 1870.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Diagnosis of Typhoid Fever.—Dr. CHAS. MURCHISON, in the course of a clinical lecture "On some of the Varieties of Enteric Fever," remarks as follows:—

It may be asked, however—How are we to diagnose enteric fever if its recognized pathognomonic symptoms be wanting? In reply, it must be admitted that in many cases a diagnosis can only be arrived at by a process of exclusion; but, practically, I believe that the rule which I am about to lay down will in most instances be found to hold good. A fever which *in this country* (aguish districts excepted) persists beyond seven days, and is unattended by any cutaneous eruption, or by signs of local disease in the head, chest, or elsewhere, is typhoid or enteric fever, even though there be no symptoms directly referable to the intestinal lesion. In all such cases you ought to suspect the existence of intestinal disease—I do not say ulceration, but disease—of the agminated and solitary glands of the ileum. The enlargement of these glands, which goes on increasing till the tenth day, may then resolve, instead of proceeding to ulceration; but, unfortunately, it is impossible from the symptoms to decide which of these courses the intestinal lesion is pursuing, and ulceration is certainly the more common result. But the question naturally arises, and in fact is constantly put, as to what grounds there are for saying that in the cases of fever I have now described there is any intestinal lesion at all. Patients with these mild attacks usually recover; no opportunity is afforded of see-

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ing the intestinal lesion; and if it gives rise to no symptoms, how do we know that it exists? The grounds for the opinion now expressed are these:—

1. Mild cases of continued fever answering to the above description are constantly found occurring in the same house, and at the same time, as well-marked examples of typhoid or enteric fever. The two forms appear thus to have a community of origin.

2. Many, though certainly not all, of the mild cases I have described present successive crops of lenticular rose spots, identical with those met with in typical enteric fever.

3. Lastly—and it is this important practical fact which chiefly justifies these remarks—although the majority of these mild cases recover, it now and then happens that after several weeks such a case terminates suddenly in fatal hemorrhage or perforation. Over and over again I have met with patients with a mild attack of fever, which has caused little anxiety, and in which the existence of intestinal disease has perhaps not been dreamed of until the occurrence of profuse intestinal hemorrhage or acute peritonitis has revealed the real nature of the case. In several instances of this sort I have known the bowels to be obstinately constipated up to, or almost up to, the outburst of the fatal symptoms, which have occasionally appeared to be determined by the incautious use of solid food, by the injudicious administration of a purgative, and still more by the patient being permitted to get up and move about at a stage of the disease when a thin film of peritoneum was all that separated the intestinal contents from the abdominal cavity. Indeed, with regard to perforation in enteric fever, it has been a common observation, that in a large proportion of cases where it occurs the intestinal lesion has been latent, and the case altogether mild, prior to the occurrence of peritonitis; while anatomical research has shown that in many cases the perforation is due to a laceration of the denuded peritoneum.

I could give you the details of many cases as evidence of the truth of what I have now said; but within the last few days you have had an opportunity of witne ing such a case for yourselves.

Case 6. *Enteric Fever running a n course up to the occurrence of Fatal Pe nitis.*—Thomas K——, aged seventee painter, was admitted under my care October 15, 1870, and died within twe four hours. When first admitted he all the symptoms of acute peritoni viz.: features pinched, and body cov with a cold clammy sweat. Pulse hundred and forty; respiration fifty- and thoracic; abdomen distended, tend and motionless, and legs drawn up; f quent vomiting, and scanty urine.

The history obtained from his moth was this. The boy had followed his wo till October 7th, although for ten days fore he had complained of being "out sorts." He had no diarrhœa, and w not thought to be dangerously ill; and, fact, had kept going about until the aft noon of the day preceding admissi when he was obliged to go to bed on count of a sudden seizure with acute p in the abdomen, followed by the sym toms for which he was brought to hospital.

When the body was examined a death, numerous "typhoid ulcers" w found in the ileum of a stage answering about the eighteenth or twentieth da the disease. One Peyer's patch, twe inches above the valve, had sloughed bodily, leaving an opening through all coats of the gut, through which the fi could be passed. The contents of bowel were found in the peritoneum, there were the signs of extensive re peritonitis.

The practical lessons which I wish to draw from the remarks I have made, are these:—

1. Even in the mildest cases of en fever, where there are no enteric sy toms, it is important to recognize the istence of the intestinal lesion, becau any time this may become sudden source of danger.

2. In all cases of enteric fever, d the third and fourth weeks, you never omit to enjoin upon the pat friends the necessity of maintaining lute rest of body, and of abstaining

solid food and the use of purgatives.—*Lancet*, Dec. 10, 1870.

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Clinical Lecture on Treatment of Local Syphilitic Sore.—Mr. SKEY, in a clinical lecture on syphilis (*Lancet*, Nov. 5, 1870), recommends that if the local sore can be subjected to treatment within a term of three days, free cauterization with nitric acid, or other escharotic, will generally convert it into an innocuous ulcer. After three or four days the treatment throughout should be purely negative. No specific agents are useful. Simple dressing of spermaceti is as good as any other. In the latter stage, or that which immediately precedes cicatrization, the nitrous oxide of mercury ointment will accelerate the healing process. No condition of this sore in any of its well-marked stages can warrant the employment of mercury. If the soft sore in its progress show a tendency to deposition beneath it, and it assume the condition of induration, although the indurated base exhibits less dimensions than the primary hard sore, yet the question of mercury immediately occurs to the mind of the surgeon.

And on the subject of mercury I must occupy your attention for a few minutes. The influence that mercury exercises on the deposit of hard sores has been long known to the medical world. By Mr. Hunter it was resorted to indiscriminately in all forms of venereal sores, and it is perhaps not surprising that his successors (excepting always the school of Abernethy) should have resorted to mercury as the great and universal antidote to venereal sores, whether hard or soft, whether local or constitutional. But since venereal diseases have become the subject of more critical observation, our lines of demarcation are more closely defined; and while we are compelled to resort to mercury in some forms of the disease, we as rigidly eschew it in others.

The action of mercury tends to increase the secretions of the body, and at the same time to promote absorption of morbid deposits. It cannot be said to exercise any direct influence on the *poison* of syphilis, but only on the effects or consequences of the poison. It is not to be considered as exercising the power of a specific, because it cannot destroy the poison. It has the power to lessen and to obtain absorption of the hard deposit, but the poison remains behind to develop itself hereafter. If it were a specific, if it possessed the power to directly neutralize the poison, a man under salivation would be unsusceptible to the influence of the disease after intercourse, which he assuredly is not. It is not very uncommon for the eruptive stage to appear during the treatment by mercury for the primary sore. I believe a course of mercury, if exhibited with due care and moderation, is not necessarily injurious to the health; but it is painful to read the frightful and often fatal extremes to which it was carried in the early part of this century. As almost a matter of course, surgeons resort to mercury in every variety of hard sore, because it would appear to be a great object to attain the absorption of the thickened or indurated mass, and to heal the ulcer upon it. But is this object so essential as it appears? Look to the evidence on this head given by many eminent members of our profession before the Admiralty Committee.[1] You will learn therefrom that great doubts cling to the minds of some of these eminent men whether the treatment of primary sores by mercury tends either to prolong the interval before the secondary or constitutional symptoms develop themselves, or to lessen their severity when they do appear. In whatever form you administer mercury, watch carefully its effects on the local disease and on the constitution. As the hardness subsides, reduce the dose in a relation to the influence it appears to exercise. Avoid salivation in every stage, and maintain your patient's strength throughout. In the constitutional or eruptive stage, when it assumes the dry forms of psoriasis or of lepra, mercury is less injurious to the health in protracted cases; but employ it sparingly in all moist eruptions, vesicular, pustular, or impetiginoid. A great and valuable adjunct is ever found in iodine, and the iodide of potassium, in doses of from

[1] Report of Committee. *Vide* evidence of Langston Parker, Jonathan Hutchinson, S. A. Lane, and others.

five to fifteen grains. will often supersede the employment of mercury entirely. It may be combined with full doses of the tincture of bark.

HOSPITAL NOTES AND GLEANINGS.

Abdominal Disease.—Three interesting cases of abdominal disease have recently been under Dr. ALLBUTT'S care in the Leeds General Infirmary, all occurring in young boys, and all discharged cured.

The first case was one of impaction of feces in the transverse colon, of six months' standing. Six months ago the boy was "seized with a pain in the body" when going to his work; he then discovered a lump in his body, which had remained ever since. His bowels, which were costive, had latterly been relaxed. Some symptoms of obstruction had also appeared, but not to any severe degree. On examining the body, a tumour was found exactly occupying the site of the transverse colon; it was irregular and doughy in feel, and dull on percussion. The general condition seemed to negative malignant disease, and the symptoms of obstruction were not complete enough for intussusception, nor was there blood in the stools. Dr. Allbutt pointed out how often diarrhœa was a sign of constipation, and depended frequently on irritation of the gut by retained fecal masses. The boy was treated by a succession of large injections of warm oil and gruel, which brought away black lumps of feces, and diminished the tumour piecemeal, as was evident on physical examination.

The second boy presented a more remarkable subsidence of a tumour. He was twelve years old, and came from Ripon; he complained of a heavy, painful lump in the right hypochondrium. This he had noticed for four years. He lived near a river, in a rather damp place, but said he had not had ague, nor did he know any one who had; nevertheless, the tumour was distinctly a very large spleen. A young woman had recently been under Dr. Allbutt's care for what he called "acute splenitis"—that is, the spleen became hot, tender, and enlarged, and there were febrile symptoms at the outset. She was much benefited by bromide of potassium after long ineffectual treatment by qui nia and other drugs. This boy's ca seemed like that of the young woman, an bromide of potassium was ordered. Fo a week there was no improvement, b Dr. Allbutt's clerk made out during th time that the boy had suffered fro "queer shakings" in a morning about t time the lump came and subsequently, a he had been cured of the shakings at T pon Dispensary. Ten grains of qui were therefore ordered at once, wit mixture containing two grains three ti a day. On the next day but one, Dr. butt went to the bedside and requeste student to diagnose the case (which unknown to him). He seemed curio at a loss, and others were called to bedside with equal unsuccess. It beca then evident that the spleen, which b been as large as a child's head two da before, had now wholly disappeared. T was a more rapid change than in the ca recorded by Dr. Ogle, in this Journal December 10, 1870. Twice, while in t house, this boy had "intermittent hæm turia," which has been noticed in conn tion with ague. But under the mic scope, broken-up renal epithelium w found, and many blood corpuscles. The were no salts, except a few crystals triple phosphate.

The third case was one called by Dr Allbutt "spurious peritonitis." As ce tain other cases are called spurious h drocephalus, so these not uncomm cases imitate tubercular peritonitis closely that an immediate diagnosis scarcely possible.

In the present case, a boy was brou to the hospital, aged about twelve, w had been losing flesh some months. H skin was harsh, his flesh wasted, h cheeks fallen, and his eyes rather sunke He had suffered also, and was still suff ing, from wandering severe abdomi pains, and from constipation alternati with diarrhœa. The appetite was cap cious, and the tongue red. The pu was about one hundred, and weak. examination, there was no definite dis der in the chest, but the abdomen was mid and doughy to the touch; it was

der, also, on percussion, and there were several tracts of indefinite dulness. Dr. Allbutt said that careful watching of the temperature for several days would generally decide the diagnosis, as in tubercle a higher evening temperature was to be expected. In spurious peritonitis the temperature might also occasionally reach 38° (C.), but not commonly or regularly. In the present case, the thermometer pronounced against tubercle and in favour of spurious peritonitis, which Dr. Allbutt attributes to disordered secretions, with the irregular bowels and tumid abdomen as a consequence, while the wasting is due to deficient assimilation. The indications for treatment are—to put the bowels in thorough order, to improve the secretions by alkalies, mild bitters, and podophyllin, and to put the patient upon bland and nourishing diet. When this treatment has set matters straight, a short course of cod-liver oil and mineral acid with gentian is generally sufficient to restore the health. At the same time he would remark that these cases, if neglected, might end in mischief of a more serious kind. The present patient was discharged in a month, quite cured, and looking fresh and well. Spurious peritonitis is more common among the ill-fed and neglected children of the poor, but it is seen also in the families of the richer classes.—*Med. Times and Gaz.*, Jan. 14, 1871.

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Treatment of Acute Tonsillitis with Belladonna.—Although many of the standard works on Medicine and Therapeutics omit to make any mention of the value of full doses of belladonna as a remedy in severe simple tonsillitis, its employment in this affection is not by any means novel. The following is a case in which its use was followed by a speedy recovery:—

A. C——, aged eighteen, had been ill for three or four days with severe left tonsillitis. On admission into St. Mary's Hospital, under the care of Dr. Handfield Jones, the left tonsil and the adjacent arch were found to be much swollen, and very red. The inflamed parts had been scarified with some relief, but the formation of abscess seemed to be imminent. The pulse was 100, rather weak; the temperature 100.4°. Five grains of calomel and an aperient draught were administered shortly after admission. When Dr. Jones saw the patient, he ordered twenty drops of the officinal tincture of belladonna to be taken in half an ounce of water every two hours. On the second day after admission the voice was much improved, and the patient had less difficulty in swallowing. On the fourth day the patient had slept soundly during the whole of the previous night; the pulse was natural, the swelling had much subsided, and she was free from all distress. On the eleventh day, the tonsil appeared to the eye to be quite natural, but when felt from the neck it still seemed to be somewhat enlarged. With the exception of four and twenty hours, during which the doses were given every four hours, the belladonna was taken every two hours until the fourth day; the frequency of the dose was then reduced to every four hours until the sixth day, when the treatment was discontinued. It will be seen that while the dose was repeated every two hours, belladonna was being taken at a rate of about ten grains of the extract in every twenty-four hours, though some deduction must be made for doses omitted at night, especially towards the close of the treatment. Nevertheless, neither in this case, nor in numerous others in which large doses of the drug have been prescribed by Dr. Jones for the same affection, has any toxic effect been observed to follow.

Dr. Jones considers that this medication is more appropriate where the tonsils are acutely inflamed than in those cases where there is general inflammation of the fauces, without special affection of the tonsils. In the latter case he thinks that either iodide of potassium or the solution of sesquichloride of iron, according to the quality and stage of the inflammation, is preferable; and though he often combines with the belladonna a little quinia, or sulphate of magnesia, or an emetic, according to the indications of the case, and sometimes the use of steam, or a blister applied externally to the neck, he feels justified in maintaining that the success which he has attained in the treatment of

these cases is not to be attributed so much to these auxiliary measures as to the belladonna. He always gives directions that the administration of the remedy shall be slackened as soon as the throat symptoms are materially relieved, or on the production of any toxic effect.

Dr. Jones does not pretend to decide whether the remedy operates by producing constriction of the arteries, or by a direct sedative effect on the elements of the affected tissues; but he proposes that, if further observation should confirm its value in acute tonsillitis, the patient should be saved the regularly recurring pain of swallowing doses of medicine, by reducing the preparation of the drug to the smallest possible bulk, or by injecting it subcutaneously in the form of atropia.—*Lancet*, Jan. 7, 1871.

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Diabetes Mellitus.—Dr. OGLE showed us four cases of this disease in one ward of St. George's Hospital, two being under his own care, and two under that of his colleagues. Of his own cases, one was dying with very severe lung symptoms. In the other case, the gums have all the appearance as if salivation had been induced by mercury. Dr. Ogle has understood from Mr. Haward, of Halesworth, under whom the patient had been, that this symptom of salivation had come on with the disease, and remained throughout, no mercury having been given. In one of his diabetic patients, Dr. Ogle showed us the uvula diverted to one side, and decided inequality in the anterior arches of the palate. In another diabetic case, he found the same appearances, only the deflection was to the opposite side. He noticed the fact of this deflection of the uvula being observed in two out of the four diabetic patients, alluding to the observations by Dr. Saunders, of Edinburgh, upon vertical hemiplegia of the palate in facial paralysis and in diabetes. He looked upon the fact of two out of four cases of diabetes, casually associated, presenting divergence of the uvula and inequality in the two palatal arches, as something more than accidental. In the fatal case of diabetes, Dr. Ogle has had the medulla oblongata and other parts of the brain reserved for microscopical examination.—*Medical Times and Gazette*, Feb. 1871.

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Notes of Cases in Addenbrooke's Hospital, Cambridge.—The following cases have been under the charge of Dr. BRADBURY at his hospital:—

Eruption of Purpura under the Use of Iodide of Potassium.—During a recent visit to this hospital, we noticed, under the care of Dr. Bradbury, the case of a brewer's labourer (fifty-eight years of age) who had lived well for the last two years, in whom iodide of potassium, administered for rheumatic pains, twice produced an eruption of purpura on the thighs, legs and arms. Dr. Bradbury said he felt convinced that the purpuric spots were due to the iodide of potassium, for when it ceased to administer the drug for a few night, the purpura disappeared. On the iodide of potassium being readministered the spots reappeared, again to disappear on the drug being suspended. Dr. Bradbury informed us that the same effect of the drug had been noticed by Ricord and Virchow. The former had a syphilitic patient, who, whenever he was treated with the salt, suffered from purpura hemorrhagica. Virchow's case was one of cancer, the subject of which had purpura hemorrhagica whenever the drug was administered. Dr. Bradbury's patient has also had several slight attacks of epistaxis.

Incontinence of Urine treated by Hydrate of Chloral.—Amongst Dr. Bradbury's out-patients is a girl who had been troubled with incontinence of urine for nine years, wetting her bed, according to her own and her mother's account, every night. She was ordered fifteen grains of chloral hydrate every night, and since she took the first dose of medicine there has been no return of the complaint.

Santonine in Helminthiasis.—We also saw a girl suffering from helminthiasis (ascaris lumbricoides) who, her mother said, had passed *fourteen* worms since her last visit. Dr. Bradbury had, from the patient's symptoms, suspected worms, and had prescribed santonine, with the above result. He looks upon this drug as a

cific for these worms, having never known the remedy to fail when properly administered.—*Brit. Med. Journal*, Feb. 4, 1871.

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Extension of the Leg and Stiffness of the Knee-Joint, the consequence of long-continued Inflammation of the Knee-Joint; Forcible Flexion; Recovery.—So complete a result, as regards the restoration of the function of the joint, as was observed in the following case, in spite of so much change in the motor apparatus, is quite unique.

Mary P.——, aged twenty-three, was admitted into St. Mary's Hospital three years and eight months ago. All trace of acute disease had by that time passed away. The leg was straight and rigid. The ligamentum patellæ was so much contracted that the lower edge of the patella was drawn nearly to the tubercle of the tibia. That this was the chief source of the stiffness of the joint there was little doubt, but it was also certain that there were other changes about and without the joint which contributed to its rigidity. The muscles of the leg and of the thigh were much wasted from disuse. The patient walked with crutches, but very imperfectly. As there was no bony anchylosis, Mr. Hayes Walton thought the case to be a proper one for forcible flexion, by which adventitious adhesions about the joint might be broken through, and the extensor muscles stretched or more or less torn, and the joint made available. He thought, too, that if the joint were used the wasted muscles would regain much of their bulk and the limb its power. The patient was placed under chloroform, and with the exercise of a great deal of force, the leg was flexed on the thigh to the full extent. The operation was followed by constitutional irritation and local inflammation. The limb was kept in a straight splint for two months; an iron apparatus was then applied, and the patient began to move about the ward on crutches; at the same time, slight flexion was made daily, and gradually increased. She left the hospital at the end of five months. She was then unable to stand without the iron apparatus, but could walk without crutches. She could flex the leg to nearly the full extent when she was sitting or lying down. On leaving the wards she became an out-patient.

Eight months after her discharge from the wards the patient left off the apparatus and began to walk with a stick, bending the knee moderately well. A few days ago she was brought to the hospital by Mr. Walton, in order to show her present state. She has complete use of her joint, and can flex and extend the leg perfectly. She goes up and down stairs with ease and without halting. The muscles of the leg and thigh have nearly recovered their volume. The patella is still in its abnormal position; and when the leg is semi-flexed, the condyles of the femur, the trochlear surface between them, and the attenuated tendon of the conjoined muscles, can be distinctly felt.—*Lancet*, Jan. 28, 1871.

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Wound of an Artery in Opening an Abscess; supposed to be Malignant Disease.—Dr. Thomas Green, Consulting Surgeon to the Bristol Royal Infirmary, records (*Brit. Med. Journal*, Dec. 17, 1870) the following interesting case of this. A lad was brought into the Bristol Infirmary. On admission, one side of his face was much swollen and covered with layers of lint, strapping, and bandage, apparently to stop bleeding. They were all saturated with blood, and a weeping of blood was going on under these coverings. The history was, that the swelling was thought to be an abscess, and was punctured by a surgeon; no pus, but blood followed the puncture. The case was then thought to be one of malignant disease, and was sent to the infirmary as a case of fungoid disease of the face. The lad became my patient. Bleeding was still going on, and he looked pale; it therefore became necessary to know at once what the disease really was. The coverings were all taken off, and the part well sponged. The swelling felt "doughy;" it wanted the hardness of scirrhus and the soft elastic feeling of fungus. In the centre of the cheek was an ulcerated opening, through which dark blood was oozing at the time. On passing a finger through the opening, it appeared to enter a large cavity filled with

coagula. On withdrawing the finger, it was covered with blood and small coagula. I determined at once to lay open this cavity freely, to clear away its contents, and know what it really was. This I did immediately; and, the exposed parts having been well cleaned, an artery was found bleeding, which I tied. It seemed to be either the facial or one of its primary branches.

The conclusion to be arrived at is, that the instrument used in opening the supposed abscess, wounded the artery. Blood issuing from the puncture, the wound was immediately closed, and constant pressure kept up to stop the bleeding, the coagula being kept in by this pressure. The swelling, no doubt, was from that form of inflammation, in which there is more fluid than solid exudation, giving a deceptive feeling of suppuration. We have often seen these swellings opened when there was no pus formed. I think this case gives us a caution not to be too hasty in making a diagnosis of malignant disease; and it also confirms a most useful rule of practice, which is, where pressure fails to arrest bleeding from a deep surface or cavity, at once to lay the parts open freely, and thus ascertain whence the bleeding comes, whether from one vessel which can be tied, or from a number of minute ones, where styptics can be applied. Cases occur where bleeding goes on a few days from a stump, say after amputation of the thigh. A large gush of blood comes on suddenly, and is supposed to come from the main artery, so as to lead the surgeon to think of tying the vessel above the wound. Let the wound be freely laid open, if necessary, adhesions separated, and the entire surface exposed to view. There may be some oozing of blood going on, or, more often, the mere exposure to air at once arrests any further hemorrhage; and in some cases the exposed surface of the stump looks like sodden skin, showing a want of vital power and consequent failure to throw out granulations—the only process by which the wound can be filled up, aided of course to some extent by vital contraction in the surrounding parts. Any stimulating dressing in such a case as this now brings on a healthy condition on the face of the wound. A case precisely similar to the one described occurred in [illegible] infirmary, where more than a pint of blood was lost in a gush. The tourniquet was at once applied, and I was sent for. By the advice of a very experienced colleague (the late Mr. Lowe), the artery was not tied, but the stump was opened in the way described. Not a drop of blood could be seen, merely the sodden surface just described. The large bleeding must have been from the surface; it was kept in by the dressings, had accumulated until the wound was mechanically distended by the large amount of fluid and could contain no more, when it suddenly burst through the coverings; and this led to the supposition that the main artery had given way.

In both these cases the wound healed rapidly under the usual applications, and without the use of carbolic acid or an invasion from those "septic germs" supposed by some to be such potent agents for mischief.

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A Case of Peri-cæcal Abscess.—(Under the care of Sir H. Thompson and Mr. Christopher Heath.)—In a previous number of this Journal (Dec., 1870, page 171), we alluded to the case of a youth, about twenty years of age, in whom Mr. Heath, in the absence of Sir H. Thompson, had opened an abscess which was pointing between the anterior superior spine of the right ilium and the mesial line of the abdomen; and stated that the incision was followed by a copious and forcible stream of offensive pus, the withdrawal of a large shred of sloughing cellular tissue, and finally by an alarming flow of venous blood, which was only arrested by filling, with lint soaked in perchloride of iron, a large cavity which was found to exist beneath the situation of the incision.

The further progress of this case, we learn from *The Lancet* (Feb. 11, 1871), was as follows: During the night following the operation some feces escaped from the wound. Two days afterward the plugs of lint were removed, and the cavity was washed out with a solution of carbolic acid (1 in 40), and refilled with fresh

s soaked in the same preparation. withstanding the passage of a firm mo- by the rectum, portions of fecal mat- continued to be discharged through wound. On the fourth day, the pa- t showed signs of increasing weakness, complained of frequent faintness. wound, which still gave passage to s, was dressed as before. On the day he felt better. On the sixth the nd gaped widely, and some large ghs were removed. The cavity pre- ed a red granulating surface, and con- ed more sloughs. Feces were passed y by the rectum as well as by the nd. The cavity was directed to be hed daily with the carbolic solution. the ninth day it was clear of sloughs, when it was not full of feces, its sur- could be seen to consist of granula- s. On the eleventh day the patient eared to be getting weak. He died rusted on the twenty-second day, the l discharge from the wound having rred to the last.

t the post-mortem examination there found, in the right iliac fossa, the sac n abscess which was bounded on the r side by the iliacus muscle and the bone—the surface of which was bare in two inches from the crest—on the r side by the cæcum and some thick- l peritoneum, and in front by the ab- inal walls. The finger could be passed riorly into a sloughy cavity between bladder and the pubes, and posteri- between the rectum and the bladder. pus had penetrated into the subperi- al tissue, but had been arrested in its se towards the perineum by the recto- al fascia. The whole sac of the ab- s and the surrounding parts were re- ed *en masse*, but a careful examina- failed to discover the source of the orrhage. In the inner wall of the ab- s were situated two large openings, ch communicated with the cæcum, and ugh which prolapsed the mucous abrane of the gut, of a dark red col- , each portion presenting very much appearance of a prolapsus ani. On ning the intestine, no scars or other es of recent ulceration could be seen. rond these openings the gut was con- tracted but healthy. The small intestine was healthy.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Meningitis treated by Bromide of Potassium; Recovery.—By ROBERT HORNER, M. D., of Gettysburg, Pa.—On the 19th of last December, I was requested to see a child eighteen months old, of a scrofulous diathesis, with convulsions. The paroxysm was slight, but was followed by a violent attack of pneumonia. After a few days the pneumonia yielded to treatment, and the child seemed to be recovering, when meningeal inflammation set in. There was acute pain in the head, with great restlessness alternating with stupor. The head was hot, the stomach irritable; the stools green. The usual mode of treatment was adopted and continued for some days without making any perceptible impression on the disease. The case was becoming hopeless. The stupor was more intense, verging on coma; the eyes were turned up, the lids half closed, the pupils dilated, pulse less frequent. The child was now put on the bromide of potassium, one half grain every three hours, and continued for two days without any change in the symptoms, the child, however, not getting any worse. The dose was then increased to two grains, when, after continuing it for twenty-four hours more, there was a marked change for the better. The bromide was continued in the two-grain doses until the head symptoms had all subsided. The recovery was complete.

Placenta Prævia.—Dr. D. HUMPHREYS STORER reported to the Boston Society for Medical Improvement (*Boston Med. and Surg. Journal*, Jan. 12, 1871) the following case of this to show how satisfactory, in some alarming cases, is the treatment proposed and practised by the late Prof. Simpson.

"You are aware that in cases of placenta prævia, when the os uteri is so undilatable as to render it utterly impracticable to introduce the hand into the uterus for

the purpose of turning, and the hemorrhage is urgent, Prof. Simpson has advised and practised passing the finger within the os as far as possible, and separating the placenta—thus breaking up the connection between mother and child, and checking the hemorrhage at the loss of the life of the latter.

"I was called, a few weeks since, to a lady in the eighth month of her pregnancy with her eighth child. I had attended her in seven of her confinements; she had always done well. Now, without any premonition, while sitting with her family, she was alarmed by a profuse hemorrhage from the vagina. She was immediately removed to her chamber, and I was sent for. Arriving at her house in a very short time, I found her in bed, literally blanched by the loss of blood, gasping for breath, and her pulse scarcely perceptible. Upon raising the bedclothes, the hemorrhage was found to be extreme. Introducing my finger into the vagina, the os was felt to have scarcely commenced dilating; the extremity only of the finger could be passed into it. I immediately sent for ergot, and felt I must act at once if my patient was to be saved; the tampon seemed out of the question, as the little additional blood which would inevitably be lost previous to its being checked by this method, might destroy her. Accordingly, while stimulants were being administered, I endeavoured to dilate the os; and by considerable continued effort was enabled to pass my finger into it, and to separate the placenta. Upon obtaining the ergot, half of a drachm of the powder was exhibited in infusion. Almost immediately after the placenta was delivered, the bleeding lessened, and soon entirely ceased, and with its cessation my patient began to rally, and my fears to diminish. In the course of half an hour ergotine pains commenced and continued quite active for some time, when, having ceased, and the os being now sufficiently dilated, the forceps were applied, and the child readily delivered. No untoward symptom supervened after delivery, and the lady was as well at the expiration of a fortnight as she had been at the same period in previous confinements."

Death from Chloroform.—In the N
the *Nashville Journal of Medicine and*
gery for February, 1871, Dr. W. T. B
reports a case of this. About two dra
of Squibb's chloroform was adminis
on a towel, to produce anæsthesia.
patient died during the operation (di
tion of the scalp).

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The Profession and Politics.—It is
nounced in the No. of the *National Me*
Journal for January, that "It is con
plated to establish in Washington Ci
National University, embracing a lite
college, besides departments of law,
sics, and polytechnics, in which the h
est order of talent will be employed in
various departments, and the most
vated systems of education adopted;
struction to be *free*, and accessible to
sexes."

It will be an evil day for legiti
medicine, and a bright one for quack
when this event shall be accomplis
To trust to politicians for the advance
of scientific medicine would be to
such protection as wolves give to la
Independent of the utter inability of
ticians to judge of medical qualificati
there are so many motives which w
influence them—as, the desire for p
larity, the wish to oblige constituents,
gratification of ignorant prejudices,
etc., that judicious selections of Profes
could never be made. Noisy and boi
ous pretenders would always triumph
their application for appointments,
solid, sterling, modest merit. Furt
the practitioners of every irregular sys
would urge their claims to have their
mas taught by Professors, and doubt
many of them could exercise suffic
political influence to succeed. Thus
professors of scientific medicine and
votaries of every system of empiric
would be placed on a level, and scient
medicine itself degraded.

In the report of the proceedings of
National House of Representatives on
7th of last month (February) it is sta
that—

"Mr. Ketcham presented resolutions
the Homœopathic societies of Duchess a
other counties in New York, in favour

the establishment of a *National University at Washington*, wherein homœopathy as a system of medicine, shall be recognized.

"Mr. Dawes presented a petition from citizens of Springfield, Mass., for the same purpose."

Other movements of a similar tendency have been made, and they foreshadow what may be expected should our medical schools fall under the control of State or National legislators.

We trust that every thoughtful physician will exert all the influence he may possess, to prevent the consummation of a scheme which would be as baneful to the community as to medical science.

—

Society of the Alumni, Medical Department of the University of Pennsylvania. — The Alumni of the Medical Department of the University of Pennsylvania will celebrate the anniversary of the institution of the Society by a banquet, to be given at 6 o'clock P. M., March 18th, at the Hall of the Department of Arts of the University. The subscription ($5 00) is not limited to members of the Society alone, but is open to all graduates of the Medical Department who are in good standing. Subscriptions should be sent forthwith to the Treasurer, Dr. Tyson, 332 South Fifteenth St.

The Annual Business Meeting of the Society will be held on Commencement day, March 14, at 5 P. M.

—

Alumni Association of the Jefferson Medical College.—The annual meeting of the association will be held at the college on Saturday, March 11, at 12 o'clock. The address of the President, Prof. Samuel D. Gross, will be delivered at the college in the evening, at 7 o'clock precisely; after which the Alumni dinner will be served at 1105 Walnut Street. Members are invited to the meeting and the delivery of the address, and also to participate in the dinner, tickets for which, at five dollars each, may be obtained of the committee—J. Ewing Mears, M. D.; Samuel W. Gross, M. D., and Richard J. Dunglison, M. D.

—

The Georgia Medical Companion.—We acknowledge the receipt of the first number of this journal, which was issued in January of this year, at Atlanta, and is announced to appear monthly thereafter. It is edited by Drs. T. S. Powell and W. T. Goldsmith. We with pleasure place it on our exchange list.

—

Obituary Record.—Died, of apoplexy, in New York, January 29th, in the forty-fourth year of his age, George Thomson Elliot, M. D., Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, New York. Dr. Elliot graduated at the University of New York in the spring of 1849, and was elected, in 1861, to the Professorship which he held at the time of his death. As a clinical teacher and lecturer he was eminently successful and popular, and as a writer he is widely known to the profession as the author of the "Obstetric Clinic" and of various papers contributed to our periodical literature.

FOREIGN INTELLIGENCE.

Death after Inhalation of Chloroform.—A robust man, æt. 28, died recently at the London Hospital, about three minutes after the completion of an operation for fistula in ano, which had occupied not more than two or three minutes. He had taken chloroform without any unusual difficulty, and had lain during the operation on his left side; his pulse had been good throughout. The operation being completed, he was replaced on his back, and immediately ceased to breathe, and became livid in the face. Meanwhile the heart continued to beat regularly, though feebly. After artificial respiration had been employed for a few minutes, he breathed normally for a few seconds, and then both breathing and pulse ceased altogether. Artificial respiration was carried on for forty minutes without avail.

The heart was found to weigh fourteen ounces; the left ventricle, the walls of which were pale and flaccid, and covered externally with only a thin layer of fat, was full of dark fluid blood; the mitral orifice freely admitted the tips of four fingers. The muscular fibres of the heart were found under the microscope to contain an abundance of fat-globules. The lungs were congested and œdematous;

the pulmonary artery was full of blood. The stomach was empty and healthy; the spleen large and soft. The brain and kidneys were normal. The blood was everywhere fluid.—*Lancet*, Dec. 24, 1870.

Another case of this is reported in the *Lancet* for Jan. 28, 1871, as having occurred at the Westminster Ophthalmic Hospital. The patient, aged fifty two, had a drachm and a half of chloroform administered to him upon a cone of flannel, to produce anæsthesia, while Mr. Power performed an iridectomy upon him. After the completion of the operation, he began to breathe stertorously, and in a few minutes later died.

—

Sympathetic Nervous Trouble from the presence of a Tænia.—Two cases mentioned by Dr. MAURIN (in *Sud Médical*, No. 5, 1870, and *Lyon Médical*, April 24, 1870) are interesting in this, that they might have given rise to a diagnosis of troubles of the nervous centres.

The first patient was a clerk, aged forty-two, who for fourteen months had experienced more and more serious illnesses. At first he suffered from dull pains in the epigastrium; these pains after a while took on the character of an intense gastralgia, with inexplicable remissions and exacerbations.

A few months afterward he had some vertigo complicating the gastric pain. Finally, for eighteen months past, the gastralgia has yielded, but has been followed by a continued sensation of vertigo, a fixed pain in the nape of the neck and between the shoulders; sensation of falling forward when the patient walks up or down any incline; sensation as of a soft body, like a cushion, under the feet during the walk; fear of an imminent death; sudden inclination to commit suicide.

The second patient was a physician, who experienced all the symptoms of a cerebral congestion; cephalalgia, troubles of the intellect, incomplete amnesia, impediment of speech; the patient, being gouty, had fear of a metastasis; but a few articulations of tænia having been passed, the diagnosis was made, and as in the preceding case, a dose of kousso, by producing the expulsion of a tænia, caused at the same time all the symptoms to disappear.—*New York Med. Journal*, Feb. 18

—

Cyanide of Potassium in Pulmonary Affections.—Dr. G. MAZZA (*Annali Universa*) has found the cyanide preferable to hydrocyanic acid on account of the great volatility of the acid, and its consequent variability in strength. He describes as a sovereign remedy in many forms of lung disease, but especially valuable in tuberculosis. In order to combat the sleeplessness due to the harassing cough, he combines the cyanide with small doses of morphia. In the early stages of the disease, he has frequently seen complete recovery, and when more advanced a mitigation of the symptoms is apparent.—*The Doctor*, Jan. 1871.

—

Treatment of Chorea by Ether Spray to the Spine.—Dr. JOHN ROSE reports (*Lancet*, Dec. 10, 1870) the case of an anæmic girl, aged thirteen years, who had had rheumatism, but without heart affection, who was successfully treated by this means. The spray was applied along the spine, four or five minutes each time; and after fifteen sittings a very marked improvement took place, followed by complete recovery.

Two cases have been successfully treated by the same method by Perroud, of Lyons. (See *Medical News* for February 1870, p. 30.)

—

Fracture of a Rib from Coughing.—Mr MIALL, surgeon to the Bradford Infirmary, relates (*British Med. Journ.*, Jan. 7, 1871) the following case of this rare accident, of which eight cases are collected by Malgaigne.

A woman, æt. 53, in the seventh month of her first pregnancy, was under my care for severe cough, due to relaxed uvula, and perhaps also to her condition. She was somewhat anæmic, but not in extremely bad health, and not distinctly tuberculous, though the family history showed a tuberculous taint. On the evening of March 3d, 1869, after a violent paroxysm of cough, she felt something give way in her side; and when I saw her a few hours afterwards, she described the grating of

spiration, and other symptoms, in a way at made the nature of the accident unistakable. On examination, the tenth b was found broken transversely, a little nterior to the tubercle. The fractured nds were prominent. The case went on atisfactorily under ordinary treatment; nd there has been no recurrence of the ccident either during labour or since. There was no reason to suspect any other cause for the fracture.

—

The Sulphites and Hyposulphites of Soda or Magnesia.—Dr. RONZANI (*Annali di Medicina*, Nov. 1870) gave these salts, proposed by Polli as the most trustworthy antiseptics, a fair trial in malarious intermittents, and found them to answer remarkably well. He administered the sulphite of magnesia in doses varying from 30 to 60 grains, three or four times a day. Out of one hundred and twenty patients suffering from marsh fever, two-thirds were free from attacks in a very short time; the remaining third had quinia and other drugs besides the sulphite. Of course Polli and the numerous Italian physicians who give the sulphites, believe in the fermentative nature of the poison of malaria. Dr. Ronzani, in his article, makes judicious remarks as to the action of the toxic agent. He used hyposulphite of lime especially to treat the ague-cake, giving ninety grains a day at the beginning, and increasing the dose by fifteen grains every second day for a fortnight. In obstinate cases, blisters over the enlarged spleen, and quinia, iron, and rhubarb internally. The author dwells especially on the low price of the sulphites. We do not suffer much in this country from marsh fever; but we have to contend against many diseases the origin of which is poisoned blood. It would be of advantage to give these sulphites and hyposulphites a fair trial, taking care that the salts are pure, and have not run into sulphates.—*Lancet*, Feb. 4, 1871.

—

Glycerol of Pepsine. — VON WITTICH (Pflüger's *Archiv*), and after him Michael Foster (*Nature*), have ascertained that glycerine extracts of the mucous membrane of the stomach possess peptic powers more complete and reliable than those made at the present time; and that the amylopeptic ferments of the pancreas and salivary gland may be similarly extracted with advantage. This hint will not, we anticipate, be lost on physicians and pharmaceutists. The glycerine extracts are said to be at once more active, palatable, and stable.—*British Med. Journal*, Jan. 28, 1871.

—

Iodized Milk.—From Hoffman's most admirable report on the "Progress of Pharmacy, 1869," we make the subjoined extract, which has a practical value for the physician:—

Iodine and Milk.—It is well known that milk takes up iodine, disguising its taste, smell, and colour completely; since iodine is antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form of administering iodine. Its therapeutic effect seems to be equal only to about one-fifth of the iodine.

Hagar thinks iodized milk will soon become a favourite form of administering iodine, and suggests the following mode of preparation; one part of iodine dissolved in ten parts of alcohol, admixed with ninety parts of fresh warm cow's milk.—*Med. Press and Circular*, Jan. 15, 1871.

—

A New Iodine Paint.—Dr. J. WARING-CURRAN recommends (*Med. Press and Circ.*, Aug. 3, 1870) the following paint as an excellent application in cases of glandular enlargements and scrofulous diseases, wherein iodine is called into requisition. Rub down half an ounce of iodine and a like quantity of iodide of ammonium in a Wedgewood mortar, and gradually dissolve it in twenty ounces of rectified spirit; to this add four ounces of glycerine, shaking well the solution. Iodide of ammonium, the author thinks, is a more powerful absorbent than iodide of potassium.

—

Analysis of Samples of Hydrate of Chloral met with in Commerce.—The *Brit. Med. Journal*, Feb. 4, 1871, gives the analyses of ten different samples of chloral hydrate collected from different sources.

The test that was adopted for the purpose of determining the relative quality of various samples of hydrate of chloral, is based upon the reaction taking place when ammonia is mixed with a solution of hydrate of chloral, heated in a closed tube, and left at rest for some time. By this reaction, the hydrate of chloral is converted into chloroform, which separates in an oily layer at the bottom of the tube, while formate of ammonia remains in solution as a brownish watery liquid above it.

In a suitable tube, the volume of the chloroform produced in the reaction may be measured off. Chemically pure hydrate of chloral treated in this manner yields 72.2 per cent. by weight of chloroform; and, since the specific gravity of chloroform, as compared with water, is 1 49, ten *grammes* of pure hydrate of chloral will yield 4.82 cubic *centimetres* of chloroform.

The result of these analyses shows that there is a variation of quality in the hydrate of chloral of commerce, amounting, in some instances, to as much as 10 per cent.

—

Cocoa and Condensed Milk.—The English Condensed Milk Company (Lion Brand) have introduced into use a combination of cocoa and condensed milk, which is, in its way, perfect. A teaspoonful dissolved in a small cup of boiling water, makes on the spot a cup of excellent, pure, and delicious cocoa, or chocolate, as you may please to call it, which requires neither further sugar nor milk. Made of pure cocoa and condensed milk, with an adequate addition of sugar, and prepared in small tins which can be kept for any length of time, it recommends itself for a great number of useful purposes, which immediately suggest themselves—in the sick-room, whether for patient, or nurse, or weary doctor; in hospitals, ships, camps; in the study of the night-worker, the bachelor's cupboard, the emigrant's stores, the army canteen, the volunteer camp; for yachting and exploring parties; for fishing, shooting, and picnic excursions, at home and abroad, it will be alike grateful and convenient. It is a very happy idea, carried out; and will, we expect, ad an immediate and extended succe *Brit. Med. Journal*, Jan. 28, 1871.

—

Smallpox Epidemic in England.—have already called attention to the e ing smallpox epidemic in England, must again urge upon our sanitary thorities to take active measures to vent its extension to this country, and most important and effective of these general and careful vaccination of all are unprotected, and revaccinatio those in regard to whose protection t can be the least doubt.

During the weeks ending Jan. 7, 14 and 28, the number of deaths from s pox in London was respectively 79, 188, and 158.

"Smallpox," it is observed in an e rial in the *Med. Times and Gazette*, Fe 1871, "is one of those diseases whic cur in more or less distinct cyclica riods—its prevalence being capab being represented by a waved lin which the summit of each wave is s rated from the neighbouring summits t interval of about four years. The epidemic wave was observed in 1866 it rises now again in 1870–71. Jud then, by experience, a wave of epid prevalence was to have been anticip but the question remains unsolved w should this time have risen so much l er than has recently been customary. must have a cause; its discovery is task which scientific Medicine has b it. The epidemic being due in 1870 it was further to be anticipated th would begin to exhibit itself towards close of the year. Some tables, publi by Dr. Ballard, in one of the Report the Medical Officers of the Privy Cou show that "the rule has been for s pox to prevail least in the summer, t crease through the autumn and win and to prevail most in the spring the year." He gives the months of Ma April, and May as those in which the ease prevails most. If this rule h good in the present instance, and u some decided impression be made by p tectionary measures upon our populati

we have not yet seen the highest point by a good deal, which this epidemic is destined to reach. At present there is no sign of early diminution."

—

Lessons of the Smallpox Epidemic in London.—The editor of the *Lancet*, in a leader on this subject, makes the following important remarks: "Two or three lessons cannot be too deeply impressed on practitioners. First, that the great secret of vaccinating well is to do it *copiously* as regards the amount of lymph employed; the best vaccinators that we see bathe their lancets freely in lymph before using them, and repeat the bathing process in the course of the operation. Secondly, that the more numerous the vesicles, the more perfect is the protection of the patient. But that, thirdly, no primary vaccination should be relied on in epidemic times for persons above the age of puberty. The larger our experience, the more does it point to the importance of revaccination. A case has been reported to us in the course of our recent investigations, in which smallpox occurred to the mother of an unvaccinated baby. The baby was quickly vaccinated, and escaped. All the adults in the house submitted to revaccination but the sister, who refused; she alone took the disease, and she died. Smallpox was introduced into St. George's Hospital, and continued to spread until all the patients were revaccinated. After the complete revaccination of the patients no fresh cases occurred. If a little of the money that has been spent in procuring distant and incomplete hospital accommodations had been spent in spreading vaccination and revaccination during the last few weeks, there is little doubt that the disease would have been much more effectually arrested. Practitioners during the present epidemic are impressed with the degree to which revaccination takes. In many cases the vesicles seem to be as perfect as in primary vaccination. The great secret of successful revaccination, as of vaccination, is the insertion of fresh lymph and plenty of it. Let us have a complete end of poor, scanty, dry vaccination, whether primary or otherwise.—*Lancet*, Feb. 4, 1871.

A Significant Fact in regard to the Protective Power of Vaccination.—During these times of scepticism as to the protective virtue of vaccination, it may be of some interest to learn a little fact which has lately come to our knowledge, on the accuracy of which perfect reliance can be placed. A military surgeon having recently had occasion to examine a large number of English recruits, found that 60 per cent. of lads unprotected by vaccination had been the subjects of smallpox, as against 1.90 per cent. of protected recruits who bore traces of smallpox. Remembering that these are men who have escaped any permanent damage from the disease, what must be the percentage of attacks in unprotected cases generally? —*Lancet*, Feb. 4, 1871.

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Antiseptic Dressing.—Dr. Crace Calvert, F.R.S., of Manchester, having been requested to carbolize a quantity of charpie for the use of the ambulances at the seat of war, found that charpie was unsuitable for the purpose; and, after trying several textures, finally hit upon oakum as the most excellent. The oakum is first soaked in Burgundy pitch, and then rendered antiseptic by the addition of carbolic acid. This application has been a good deal used at the Manchester Infirmary, and with good results.—*British Med. Journal*, Jan. 21, 1871.

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Cancerous Inoculation with the Trocar.—Dr. Reineke has published in Virchow's *Archiv* (51 Bd., 3 Heft) two cases of abdominal cancer, in which paracentesis was used. Both cases ended fatally, and it was found that cancerous tumours had formed along the track of the trocar. The author considers this as a regular inoculation, and thinks that, in appropriate cases, experiments should be undertaken. The tumours here alluded to are very different from the cancerous deposits which may take place at a distance from the region principally invaded by carcinoma; they were evidently the result of direct traumatic contamination.—*Lancet*, Jan. 14, 1871.

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CLINICS.

CLINICAL LECTURES.

Abstract of a Clinical Lecture on Tra-eotomy. By GEORGE BUCHANAN, M. D, cturer on Clinical Surgery, Glasgow yal Infirmary, &c. &c.

GENTLEMEN: I propose to call attention -day to the operation of tracheotomy, th special reference to its performance th the view of saving life in the later ages of croup and diphtheria. These o diseases are characterized by the ef-sion of a false membrane on the mucous rface of the air-passages; in croup, the mph being deposited first in the trachea, th a tendency to spread down into the nchi, sometimes up into the lower ori- of the larynx; in diphtheria, the de-it being seen first on the fauces, tonsils, pharynx, with a tendency to spread down through the upper opening of the larynx into the trachea, and even into the bronchi. When in either disease the effusion of lymph is excessive, the respiration is impeded to such a degree that the patient dies of suffocation.

I shall not take up your time with any general remarks on the nature, causes, and symptoms of these affections, nor give you any indications for their treatment in the earlier stages; for, though I have very well defined ideas on these subjects, most of you are aware that both in teaching and practice I confine myself exclusively to surgical cases. In consequence, I have no opportunity of observing the effects of remedies, except such as are afforded by the reports of those medical men who request my assistance in the more advanced stage. But there is one point to which I beg most earnestly

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to call your attention—it is that, in both of these diseases, but more especially in diphtheria, and more manifestly when they occur as epidemics, they may exist in one of two types, the sthenic or asthenic. In the asthenic, the tendency is to cause death by exhaustion—failure of the vital powers; in the sthenic, by suffocation. You will hear it sometimes stated that because diphtheria is a general disease—somewhat like scarlet fever—and the lymphy effusion but the local manifestation of it, therefore it is unphilosophical to propose tracheotomy in such a case; but you will remember that this operation has never been suggested with any intention of cutting short the disease, nor ought it to be performed when there is great prostration. It is in the sthenic form alone that it is admissible. And what I would urge on you is this, when you find that your patient, whatever be the original disease—croup or diphtheria—is not improving by the treatment you have been adopting; when you find that the effusion is going on to produce suffocation; when the tendency is to death by apnœa more than by exhaustion, then you ought to step in and perform tracheotomy for the purpose of preventing immediate death, and so give longer time for the patient to live through the disease and ultimately throw it off. Nay, you will find, after a comparatively limited experience, that you will be able to recognize early in the progress of a case whether the tendency is to apnœa or exhaustion; and I would be inclined to urge my own experience as a reason for performing tracheotomy in the class of cases in which it will inevitably be required, before the struggle for breath has exhausted the strength of the sufferer, so rendering the operation less successful than it might have been.

In short, let not the name of the disease deter you; but, when you find a patient clearly progressing to death by suffocation, while the vital powers are otherwise vigorous, my maxim for you would be, open the windpipe and ward off the impending death, whatever be the ultimate result; you have done your duty and saved life, at least temporarily. I admit that it is sometimes a ver point to decide when to interfe when to refrain, and especially cover when the effusion has spread into the bronchi or bronchial tul which case the operation would be u Percussion of the chest and the s *râles* discoverable by auscultatio valuable aids to diagnosis; but t one most characteristic sign which a sure and ready guide to distingu tween dyspnœa depending on pul occlusion, whether congestive or chial, and that depending on trach struction—I allude to the observa the respiratory movements. Wh obstruction is in the larynx or trach powerful attempts at respiration plainly visible, and their inefficacy evidenced by the drawing in of th cartilages and the intercostal When this is well marked and incr the pulse moderately good, it is s of the vigour of the vital powers, a clear indication for tracheotomy.

The steps of the operation ar easily indicated, but very difficult performance. The great maxim is, rate leisurely and without hurry.' patient having been put under th ence of chloroform—a very great ance in this operation—an incisio be made about an inch and a ha from half an inch below the cricoi lage downwards. Layer after l the cellular tissue is to be divided trachea comes into view. This, w easily stated, is a troublesome owing to the perpetual movements trachea and the bulging into the of veins, cellular tissue, and in c the apices of the thymus gland, which must be held aside with tors. Any vessel which bleeds m tied; and it must be a principle t second stage of the operation is n undertaken till the white rings trachea are clearly seen at the bot the wound. A sharp hook is no fixed in the upper part of the t brought into view, and the knife p into it—the back of the knife be wards the larynx—and the incisio half an inch long. A pair of closed

ing forceps are now to be introduced into the slit and opened, on which there will be a violent struggle, then a forcible expiration expelling quantities of false membrane and viscid mucus; and presently the patient will lie quiet, breathing tranquilly through the opening. The silver tube is now to be introduced, and the operation is completed. The only special precaution which I adopt in the after-treatment is to order the air in the apartment to be kept moist by steam from a kettle, or by some other means.

The following case illustrates these points very well:—

William S., aged 7 years, when convalescing from scarlet fever, had an attack of tonsillitis. The palate and tonsils became covered with a white exudation, and the voice became hoarse. After a few days he improved so much that there was no anxiety about him, when on the 12th January there was considerable difficulty in breathing and a hoarse barking cough. The white patch was to be seen on the tonsil, evidently extending downwards. On the 13th he continued in the same state, but on the 14th the symptoms had increased in severity so that Dr. Pirie, the medical attendant, requested me to visit him in consultation. When we saw him, however, the dyspnœa had become less urgent, so that we thought that he had a hope of recovery without operation. On the 15th all the symptoms became aggravated, and when I saw him in the evening with Dr. Pirie, it was quite evident that the struggle for breath would soon wear him out. The pulse was fair; he could swallow well; but the fits of dyspnœa were so frequent and urgent that he was tossing about, gasping, and begging to be relieved. An examination of the chest showed most clearly that the obstruction was in the larynx or trachea, and that the effusion had not extended into the smaller bronchi. The muscles were acting very powerfully, so that at each attempt at inspiration the sternum, costal cartilages, and intercostal spaces, were violently pulled inwards. The effort to inspire was evidently very strong, but there was hardly any room for air to pass; a clear indication for opening the windpipe to admit the air.

The nature of the operation having been explained to the parents, they committed the child to our care to do what we thought best for it. The assistance of my friend Dr. Smart having been procured, I proceeded to perform tracheotomy precisely as before described, and with the same result. The child, who before was tossing about in an agony of dyspnœa, was soon breathing with perfect tranquillity through the tracheal silver tube.

I need not describe the progress of the case from day to day. Four or five of my students most kindly volunteered to be with the patient for the first forty-eight hours, during which time the child was never left without skilled attendance, Dr. Pirie visiting two or three times a day. The result was most satisfactory. The tube was removed on the eighth day, and after that the child made a rapid recovery.

Postscript.—As an appendix to the above abstract, I may state that I have now performed tracheotomy in thirty-nine cases; of these thirteen recovered, or one out of every three operated on. As all those operated on were considered to be in a hopeless state, it may be concluded that thirteen lives were *saved* by the operation.—*Brit. Med. Journal*, March 4, 1871.

HOSPITAL NOTES AND GLEANINGS.

Bronchitis, with Dropsy, etc.—At the Glasgow Royal Infirmary, Dr. W. T. GAIRDNER had under treatment lately a male patient, aged forty-seven years, who suffered from the following complication of diseases: bronchitis, with dropsy, albuminuria, hypertrophy of left ventricle of heart, degenerated arteries, and arcus senilis.

On admission to the Royal Infirmary the patient was treated for bronchitis; subsequently a minute examination revealed puffiness of the eyelids, legs, feet, and back. The specific gravity of the urine was 1.012, albuminous, and contained granular tube casts; muscles were flabby, complexion pallid, and much flesh had been lost. Further examination showed arcus senilis in the corneæ, a tortuous and

resistant state of the anterior temporal arteries, of both radial arteries, and of thyroid axes; also considerable induration of the superficial femoral of the left side. These circumstances combined led to a careful examination of the cardiac region. Here percussion was difficult, owing to the presumed overlapping of emphysematous lungs, and effusion into the pleura diffused in the left lateral region. Hypertrophy of the left ventricle of the heart was diagnosed some days previously, and the facts recorded with care. At *that* date the cardiac apex beat was most strongly felt in the fifth intercostal space, and feebly in the sixth, from an inch and a quarter to the left of a vertical line of the nipple. Both these points had been marked with nitrate of silver. When the patient had been placed on his left side the impulse of the apex could be followed for two inches to the left of the line of the nipple. The left margin of the cardiac dulness was in accordance with the more remote of these situations; the upper margin passed through the nipple affording evidence of a lower position of the heart, or of pulmonary encroachment. The transverse measurement of the surface, over which dulness extended, was six inches. There was no fever; pulse, 70; liver and spleen revealed no distinct abnormal states.

Cream of tartar in electuary, and a stimulating mixture, containing spirit of chloroform and camphor mixture, had been administered from October the 14th to November the 1st, under which treatment the patient improved. At this date the bronchitis increased, but was relieved by the administration of cream of tartar in the form of drink. In October the urine averaged seventy ounces daily; during the relapse of bronchitis sixty ounces daily. It increased subsequently to seventy-three ounces, and on the 12th of November the patient passed one hundred ounces in twenty-four hours. The patient's condition seemed to improve in a ratio with the increased flow of urine.

On the 12th of November the sounds of the heart, though not much altered, nor free from murmurs, were in unison with the idea of hypertrophy of the left ventricle, yet slight alterations were obser in many phases of the case. The a beat was appreciable at about half an i nearer the nipple than the point pre ously diagnosed. No impulse could detected in the sixth intercostal spa and dulness on percussion was cor spondingly altered. The nitrate of sil marks, and the distinct character of t apex beat on the second, though not the first examination, led to the infere that either a diminution in the size of heart had occurred between the exami tion made on the 1st of November a that made on the 12th of November, that the lung by being less expanded w air had permitted the heart to rise up the thorax, and, consequently tilted apex nearer the nipple.

Up to the time of his bronchial att the patient considered himself strong healthy, and the points indicating dise of heart, arteries, and cornea were c discovered by a full and complete exa nation.

The marked improvement in this under diuretics, and the very cur evidence of that improvement made m fest by the condition of the cardiac reg are worthy of attention and especial tice; and, in estimating the latter, ought not to be forgotten that the o expansion of the margins of the lungs a tendency to displace the heart do wards, and that the altered position of apex may not be at all attributed to size of that organ. In such a case, ho ever, dulness should have extended a not retarded.

Bearing in mind all the points, D Gairdner inclines to the belief that t hypertrophied or dilated left ventricle h become reduced in size, and acquir more control over its contents, influe ing the improvement in all other sym toms.—*The Doctor*, Jan. 1871.

Gum-elastic No. 4 Male Bougie remo from the Bladder of a pregnant Woman Urethrotomy; threatened Abortion; Cure M. M., æt. 21, was admitted into Univ sity College Hospital, Dec. 15th, 18 The patient had been engaged as a hou maid up to one month before admiss

She was in perfect health till about one month previously, when she commenced to have pain on passing urine, lasting a short time afterwards. The pain during micturition was of a pricking character, and after it she felt as if there were something more to come away. Lately, the urine had contained blood and matter. She passed it with considerable straining, and the pain remained the same. The pain was increased by movement. During the week before admission, she suffered from incontinence of urine, which escaped involuntarily every few minutes. She had occasionally passed fragments of grit. She said that she was quite regular in her periods up to two months before admission, since when she had seen nothing; but she was extremely reticent, and did not answer questions readily.

On admission, the patient was a fat anæmic girl. She was suffering from constant incontinence of urine, and the thighs and nates were slightly excoriated in consequence. Some of the urine which was collected was found to be alkaline, free from albumen, and depositing a considerable sediment composed of pus and triple phosphates. There was scarcely any blood. On December 16th, she passed a small gritty fragment, which was found to be composed entirely of phosphates. Mr. Erichsen sounded her, under chloroform, and found a calculus. It gave a distinct click when struck with the sound. It seemed to be of considerable size, was evidently phosphatic, and could be felt with the finger through the anterior vaginal wall.

On December 21st, the patient being tied up in the lithotomy-position, Mr. Erichsen passed a full-sized male median lithotomy-staff, and opened the urethra at the vaginal aspect, dividing the under-surface for about one inch. A pair of small lithotomy-forceps were then passed into the bladder, and the foreign body was removed. On examination, it was found to be a No. 4 male gum-elastic bougie, coiled up, and coated with phosphates to the thickness of about one-sixteenth of an inch. The ivory head was not covered with any deposit, and had doubtless been the cause of the distinct click heard on sounding. The wound in the urethra was brought together with silver sutures, and a catheter tied in. The patient was then removed to bed, and an India-rubber tube attached to the catheter to carry off the urine.

The patient went on well till December 25th, when some hemorrhage occurred from the vagina, which ceased after a slight loss of blood. This was repeated on the 26th and 27th, until the patient was much weakened by the loss of blood. It was then found, on further examination, that she was in the fourth month of pregnancy, and that abortion was threatening. She was transferred to the care of Dr. Graily Hewitt, under whose treatment the progress of miscarriage was stayed; and she gradually recovered, leaving the hospital in about a month after the operation.

Mr. Erichsen stated that this case was extremely interesting in a medico-legal as well as in a surgical point of view. Here was an unmarried girl pregnant, with impending abortion, in whose bladder a male gum-elastic bougie was found. There could be no doubt in the minds of any conversant with the practices that were unfortunately notoriously rife in this country—though less so than in some others—that the bougie had been employed for the purpose of procuring abortion; that it had been used by an unskilled hand; that the urethral orifice had been mistaken for the os uteri; and that the instrument, having slipped in, had occasioned the symptoms of calculus for which she had been admitted. His suspicions as to the alleged calculus being, or having for a nucleus, a foreign body, had been aroused by the reticence of the girl; but he had thought, as is very common in such cases, that the foreign body, whatever it might be, had been introduced to gratify sensual feelings, rather than with a positively criminal intent. Stone in the bladder was so rare in young women, that, when a calculous mass was found, it was almost invariably found around some extraneous body, such as a hair-pin, a piece of pencil, etc., that had been accidentally slipped into the urethra. In this case, the mode of introduction was

different; and there could be no doubt, from the nature of the foreign body and from the coexistence of pregnancy, as to the motives that had suggested its use. It had probably been in the bladder about two months, judging by the quantity of phosphates by which it was encrusted. The bougie, as usually happens, was coiled up into one mass; and the ivory handle, being free and uncoated, gave a clear and distinct click to the sound.

With respect to the operation, Mr. Erichsen performed urethrotomy instead of dilating the urethra, as he thought that, as the mass was rather large, the canal might be over-stretched, and incontinence would then result. The cut in the urethra was immediately closed by silver sutures. —*Brit. Med. Journal*, March 4th, 1871.

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Aneurism of the Axillary Artery; Ligature of the Subclavian.—G. M., a sailor, æt. 53, was admitted into King's College Hospital, under the care of Sir W. Fergusson, on January 18th, 1871, suffering from an aneurism of the right axillary artery.

On September 13th, 1870, as he was trying to reach something by stretching his arm through the meshes of a rope-ladder, he fancied he felt something give way. He took but little notice of this at the time. The next day, as he was ascending the rope-ladder, his foot slipped, and his arm, being above one of the cross-trees, was brought down upon it with great force, nearly the whole weight of the body being supported by the arm. Later on in the day he noticed, for the first time, that there was a pulsating swelling, high up on the inner side of the right arm, almost in the axilla; the swelling was about as large as a walnut. During the next fortnight he lost nearly the whole power of movement over the hand and forearm. Flexion and extension at the elbow became very weak; the power of extending the wrist and fingers was wholly lost, but slight power of flexion remained. Pronation and supination were impaired, though not wholly lost. The man experienced a dull aching pain in the ends of his fingers, but none in the seat of the aneurism. There was loss of sensation in the little finger and the inner side of the ring finger. On admission, the aneurism could be seen and felt on the inner side of the right arm. It projected about an inch and a half below the lower border of the pectoralis major, this part alone being visible, but strong pulsation could be felt through the muscles as high as to within half an inch of the clavicle. The tumour could not be felt above the clavicle. The pulse at the wrist was all but imperceptible. Pressure on the subclavian stopped the pulsation in the tumour, but it was difficult to compress on account of the man keeping his shoulder raised.

February 7th. There was little or no change in the aneurism; if anything, it was rather larger and more painful.

Operation.—February 8th. The patient having been placed fully under the influence of chloroform, Sir William Fergusson made an incision about four inches long about half an inch above the clavicle, and parallel with that bone through the skin, superficial fascia, and platysma. The external jugular vein then became apparent, and was drawn aside; by careful dissection, the omo-hyoid muscle was then exposed, loosened from its attachments, and drawn upwards and outwards by a blunt hook. At this time there was a little venous hemorrhage, which somewhat obscured the structures. After carefully dissecting a little deeper, chiefly with the handle of the scalpel, the margin of the anterior scalenus muscle was exposed, and then about half an inch of the artery. Sir W. Fergusson now passed the needle from below upwards, and, after trying its effect upon the aneurism, tightened the ligature upon the vessel. The wound was closed by sutures and dressed with dry lint. The pulsation in the aneurism was completely stopped. Not an ounce of blood was lost during the operation. On account of the great depth of the vessel, it was found necessary to enlarge the original incision twice during the operation, in a crucial manner.

March 1st. Up to the present time, the patient has not had a bad symptom; the tumour has become hard and more solid; the radial pulse is not yet percep-

; the ligature has not yet come away, the wound is in a great part healed.—*ish Medical Journal*, March 4th, 1871.

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ase of Primary Cancer of Liver.—Carma of the liver, being usually pred by cancer of other organs, is rarely with as a primary affection. As a ndary deposit its occurrence is far frequent; and Rokitansky has estid that it is found once in the liver very five instances of its presence in r parts of the body. The difficulties agnosis in the present case were ised by the absence of icterus, ascites, dema, and by the want of any distinct ence of indurated protuberances in part of the organ. In summing up features of the case, Dr. Headland arked that the enlargement could cely be attributed to cirrhosis, since e was no history of alcoholic intoxin, nor to albuminoid disease, as there no evidence of caries, long-continued uration, or of either of the other usual istent conditions; abscess of the liver hydatid cyst were excluded from ideration by the absence of pyrexia of any circumscribed tumour; and, ng into consideration the rapidity of growth and the presence of pain, he luded that the enlargement must be either to cancer of the stomach and ndary deposit in the liver, or, in spite ts rarity, to primary cancerous infilion of the latter.

. S——, aged forty, was admitted Charing-Cross Hospital under the of Dr. Headland, on the 12th of uary, suffering from enlargement of liver. He stated that for the last e months he had been gradually losing and suffering from obscure pains in right side. He always previously idered himself a strong, healthy man, had never lost a day's work through ness. Six weeks before admission he been seized with sharp cutting pains, ch made him feel sick, and compelled to leave his work and go home. ce then he had been laid up. He had ays been a temperate man, and had er had syphilis. There was no history of cancer in his family. He complained of constant pain, aggravated by every movement, and by the slightest touch. There were complete anorexia, and occasional vomiting; once or twice blood had been observed. The bowels were constipated and the motions clay-coloured. The urine had a specific gravity of 1027, and yielded a violet-coloured abnormal deposit on cooling. The area of liver dulness could be traced downwards to a line drawn from the umbilicus to the crista ilii on the right side, and to a line drawn from the umbilicus into the left hypochondrium to the region of splenic dulness. The percussion of the upper border gave the following limits: In the mammary line, dulness just above the upper margin of the fifth rib; in the axillary line, to the sixth rib; and in the dorsal line, to the upper border of the seventh rib. Palpation of the edge of the liver afforded no definite information, though there were a suspicious hardness and tenderness in the epigastric region; otherwise the liver felt uniform and smooth. Bronchial breathing was heard over the base of the right lung. The case remained under observation till the 3d of February, when the patient died. A few days before his death he became paraplegic.

On examination after death, the body did not present any distinct cachexia, nor was there œdema or ascites. On opening the abdomen, the liver at once came into view, reaching downwards below the umbilicus, and studded with large white excavated patches of the size of a crown-piece; these, towards the margin, were less distinct, and the liver-tissue was more equally infiltrated and less nodular. On section, the liver was studded throughout with circumscribed tumours of medullary cancer, some of which were undergoing softening. The weight of the liver was 9 lb. 5 oz. The base of the left lung was consolidated. The bladder was distended with urine; its mucous membrane much pigmented and eroded, owing, no doubt, to the alkaline urine secreted since paraplegia had come on. Careful search was made in the stomach, intestines, and lungs for other deposits, but these organs were, without exception, quite healthy.—*Lancet*, Feb. 25th, 1871.

Unilateral Anæsthesiæ without impairment of motor power, occurring suddenly in the subject of Heart Disease.—The following rare form of nerve-lesion came under Dr. GRAY'S notice early in January, at the Radcliffe Infirmary, Oxford.

W. B., æt. 62, ten weeks previously, while stooping to pick up a piece of wood, suddenly experienced a painful tingling sensation in the right hand, foot, and side of face. In the face the smarting was so severe that he thought he must have been stung by a bee. On drawing his hand across his face to wipe away the supposed bee, he found, to his surprise, that over the right half of his face, exactly up to the middle line of nose, lips, and chin, the skin was insensible to the touch. There was no headache or other cerebral symptom. After a few hours the foot quite recovered. At the end of two or three days the right hand and cheek ceased to tingle and smart, but did not regain their sensibility, and have not done so since. From the first there has been no loss of power in the affected parts.

On the occasion of his last visit (February 11), his condition was noted as follows: The palm and dorsum of right hand have their natural feeling, but, from the root of each finger to its tip, ordinary tactile sensibility is lost. A prick or pinch is felt, not as such, but as a scald. Their sensitiveness to heat or cold is exaggerated. Their electro-sensibility not tested. He can grip as strongly with this hand as with the other, but cannot use it for any delicate operation. Thus, in picking up a pencil off the table, the fingers fumble clumsily, and have to be guided by his eyes. (There is permanent contraction and rigidity of the palmar portion of the tendon of the middle finger; but he says this has existed for years, and attributes it to his former trade—shoemaking.)

Precisely the same phenomena of impaired and prevented sensation exist on the right side of the face, within the following limits—viz., forwards, as far as mesial line of nose, lips, and chin; upwards, along the lower and (in less marked degree) upper eyelid and mid-temple; backwards, to the anterior edge of the ear; and below, to about the lower edge of the ramus of the jaw. Beyond th limits—*i. e.*, over forehead, scalp, e back and side of neck, sensibility is n mal. The right conjunctiva also is n mally sensitive.

In the right half of the cavity of t mouth, common sensibility, and in t corresponding half of the tongue, both and the sense of taste, are almost who lost. During meals, from his not feeli the food between the tongue and the ri cheek, a little food and drink often esc out of that corner of the mouth. Si and hearing on the right side are uni paired. It is doubtful whether the se of smell is as acute in the right nostril in the left. Speech and deglutition normal. He has full control over all facial muscles, and perfect symme exists between the two sides of the fa whether its muscles are still or in acti

He is a strongly-built, healthy-look labouring man, and declares he never a day's illness in his life. No trace history of gout, rheumatism, or syphi no dropsy; no albumen in urine. owns, however, to very slight habi cough, and (for an uncertain time p to some little shortness of breath unusual exertion. Auscultation rev considerable hypertrophy of heart, disease both of aortic and mitral valv and it is conjectured that embolism very possibly account for the loss function which has occurred in cert sensory ganglia.—*Med. Times and Gaz* March 4th, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Bursæ in front of the Wr and Palm of the Hand.—Dr. FRANK HAMILTON, in some remarks on this aff tion (*Med. Record*, March 1, 1871), th speaks of it treatment. A variety of pla have been suggested and practised wi more or less success by surgeons, inclu ing incision, excision, injections of iodi acupuncture, blisters, etc. I am p suaded, however, from my own experien that no surgical interference is ever p per, except it be to open the sac fro

whenever suppuration is imminent or has already taken place. Velpeau relates that in 1822 he saw Prof. Richerand, at the Hôpital St. Louis, open a similar tumour in a girl nineteen years old, of a strong constitution. The operation was performed with every necessary precaution, but intolerable pain and violent inflammation ensued, resulting in abscesses, and she was not out of danger until after six weeks of suffering. He adds that he has seen the operation of incision, or of passing a seton through, followed by death in several instances at Hôtel-Dieu. I have seen a patient succumb to spontaneous inflammation and suppuration of the bursæ; and Mr. Tatum, in Holmes's Surgery, has reported a similar example. Pressure is in some cases serviceable, but generally it will be best to leave the case entirely to Nature, only taking care that it shall not be subjected to injury.

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A Speedy Method of Artificial Respiration in Asphyxia.—Dr. HARVEY L. BYRD recommends (*Baltimore Medical Journal*, November, 1870) the following method for performing artificial respiration in the new-born: Bring the *ulnar side* of the hands together, with the palmar surfaces looking vertically, then prop them beneath the back of the infant, so that the extended thumbs may aid, as far as possible, in sustaining the vertex and inferior extremities. Then keeping the *ulnar* borders of the hands in contact, so as to form a fulcrum, the radial borders or sides are simultaneously depressed to as great an extent as practicable, say forty-five degrees *below* the horizontal line, and then gradually elevated or promoted to as many degrees *above* that line, thus facilitating the escape of air drawn into the lungs during the downward movement of the head and chest. These movements, performed in a regular and gentle manner, and repeated at proper intervals, seldom fail in the establishment of respiration when it is possible of accomplishment. A little cold water dashed upon the epigastrium during the *descent* of the head and chest, will hasten respiration when the first few movements fail in its establishment. It is important that the head be kept, as far as practicable, in the antero-posterior axis with the vertebral column during the process.

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Bond's Placental Forceps.—A correspondent of the *Medical Press and Circular* writes (No. for Feb. 22d, 1871) to inquire whether these forceps can be procured in Dublin? to which the editor replies, they are not known to the leading London and Dublin houses.

A description of these forceps, with a figure, was published in the No. of the *American Journal of the Medical Sciences* for April, 1844, and they are noticed in Prof. Hodge's *Principles and Practice of Obstetrics*, pp. 485, 486, and further an improved form of them is figured in this last work, pl. xv. figs. 85 and 86.

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Medical Graduates in 1871.—The following list shows the number of graduates in several of the medical schools in this country:—

University of Pennsylvania, 114.
Jefferson Medical College, 127.
Harvard University, 45.
College of Physicians and Surgeons, New York, 85.
Bellevue Hospital Medical College, 134.
University of New York, 90.
Medical College of Ohio, 50.
Miami Medical College, 48.
Cincinnati College of Medicine, 17.
Rush Medical College (Chicago), 83.
Indiana Medical College, 32.
Iowa Medical College, 32.
University of Nashville, 66.

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University of Pennsylvania; Auxiliary Faculty of Medicine.—The Board of Trustees of this University have recently determined to confer the degree of Doctor of Philosophy (Ph. D.) upon "Graduates in Medicine of the University (or of schools recognized by it), who shall also have attended two courses of the Auxiliary Faculty of Medicine, and passed a successful examination by this Faculty."

Such a candidate for the honour must, in addition to his knowledge of all the usual branches of medicine, be acquainted with at least *five* branches of especially *Scientific* learning, viz., *Chemistry*, includ-

ing *Physics* and *Botany, Comparative Anatomy, Zoology, Geology*, and *Mineralogy.*

The University does not intend conferring this degree as a mere honorary one, but requires that the candidate shall pass an examination for it.

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University of Pennsylvania.—Professor HENRY H. SMITH has resigned the Professorship of Surgery, which he has held for the last sixteen years, in this Institution.

The members of the Graduating Class in recognition of his services and as a mark of personal esteem, on Commencement Day (March 14, 1871) presented Prof. Smith's portrait to the Trustees of the University, with the request that it be hung in the Wistar and Horner Museum with those of the professors who in past time were honoured with the same compliment.

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American Medical Association.—The Twenty-second Annual Meeting of this Association will be held at San Francisco, California, commencing at 11 o'clock on Tuesday morning, May 2d, 1871.

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Alumni Association of the Medical Department of the University of the City of New York.—The Executive Committee of this Association purpose the publication, at the earliest possible date, of a complete catalogue of the graduates from that institution since its foundation. As the records of the Faculty were destroyed in the burning of the college building some years ago, it is earnestly requested that each alumnus will, without delay, forward for enrolment his full name and post-office address, with his professional history, including date of graduation, posts of honour and trust held, etc., and also any information which he may possess concerning former classmates who have since died or retired from practice. Communications should be addressed to the Secretary, Charles Inslee Pardee, M. D., 72 West 35th Street, New York.

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American Journal of Pharmacy, published under the authority of the Philadelphia College of Pharmacy.—This valuable journal, devoted to the advancement pharmaceutical knowledge, has since first of the present year been cha from a bi-monthly to a monthy, and are pleased to see that its able and ex rienced editor, Mr. WILLIAM PROCTER, J. continues at his post.

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Transactions of the Medical Society of t State of New York.—Of the early volum of these transactions but a few copies we published, and since the importance the proceedings of the Society beca better known, a demand sprang up f those volumes which could not be su plied. A limited number of the pr ceedings for the years 1840, '41, '42, a '43 have recently been reprinted, so th an opportunity is now afforded to tho who desire to complete their sets of the valuable Transactions.

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Bellevue Hospital.—Dr W. T. LUSK h been appointed one of the physicians this hospital, in the place of the late GEO. T. ELLIOT.

FOREIGN INTELLIGENCE.

On the Therapeutic Value of Iodine in treatment of Syphilis.—The preparatio of iodine, in the opinion of Mr. JAMES LANE, of the Female Lock Hospital (*La cet*, February 25, 1871), have no ther peutic value whatever in primary syph litic ulcerations, whether attended wi induration or not. He believes them be equally useless in the class of sym toms usually termed "secondary," at s events in their earlier stages, when me cury, under proper management, has eminently beneficial an effect.

The preparations of iodine have the special application in the treatment of th class of symptoms usually denominat "tertiary." These are skin affectio tending to ulcerate—such as tubercle a rupia, destructive ulcerations of the thro and palate, affections of the periostea and bones, gummatous tumours of t cellular and muscular tissues, and affe tions of similar character in internal o gans; some forms of orchitis and also

iritis might be included in the list. In Mr. Lane's opinion, nothing is more certain than that, as a rule, mercury is injurious in this class of affections; they show themselves at a period when the direct influence of the syphilitic poison appears to have passed away, and to have left behind it a cachexia, which manifests itself in the destructive conditions above enumerated. These are essentially asthenic in their origin, and the remedies required are those which will repair the failure of nutrition and restore the debilitated powers. Good diet and stimulants, with pure air and other favourable hygienic influences, are essential; but, in addition to these, we have in the salts of iodine a remedy the value of which it is impossible to exaggerate. Amongst them the iodide of potassium holds deservedly the highest repute. Under its influence, rupial ulcerations heal in the most remarkable manner, periosteal swellings disappear, the gummatous tumours known as soft nodes are rapidly absorbed, and the strength and weight of the patient are increased. It is true that he is not at once permanently cured; it is not to be expected that so serious a diathesis can be changed in a few weeks, although its outward manifestations have been removed and destructive action has been arrested. The symptoms will return again and again, and the remedy must be again and again resorted to, with the result, in the great majority of cases, of a cessation of all outward symptoms and the ultimate permanent restoration to health of the patient. It is a mistake to suppose that a recurrence of symptoms is an indication of the failure of the remedy; it is, on the contrary, a reason for its repetition; and even the appearance of fresh symptoms during its use should be regarded as an additional motive to persevere and to augment the quantity given.

The iodide of potassium should be commenced in doses of three grains, to be gradually increased to fifteen or twenty grains, thrice daily. It agrees best, and its efficiency is increased, when combined with carbonate of ammonia, and administered in a diluted condition. The decoction of sarsaparilla is an excellent vehicle, and is in itself useful as a tonic. The iodides of sodium and ammonium are inferior, in Mr. Lane's opinion, to the iodide of potassium; but when the latter disagrees, and produces dryness of the throat, headache, and coryza, they may be substituted for it with advantage, as they are certainly not so liable to be attended with these unpleasant effects. Mr. Lane has not met with a case in which one or other of the iodides could not be borne, if the dose at the commencement was sufficiently reduced—and in some cases it has been found necessary to make it as small as half a grain—when given carefully, and by slow degrees, toleration will be established. In all cases the gradual increase of dose is a point of great practical importance. It is by persisting in the same dose that the good effect is often missed, that disappointment ensues, and the remedy is discredited.

Mr. Lane has rarely found the iodides of any service in purely secondary affections. He believes that, on the contrary, they will almost always be found injurious in the early stages. From their stimulating properties they tend to aggravate skin affections, and especially to irritate disordered mucous membranes. If from any cause it is thought advisable to abstain from mercury in the early secondary stage, it is a mistake to suppose that the next best thing is to give the iodide of potassium.

From what has been said, it may be inferred that Mr. Lane is not in favour of the combination of mercury with the iodides in the treatment of syphilis, although the practice is frequently adopted. A very favourite method is to give the perchloride of mercury in combination with the iodide of potassium in secondary affections. The result is, of course, a solution of biniodide of mercury with iodide of potassium in excess. This appears to be "blowing hot and cold" at the same time, since the one remedy tends to neutralize the effect of the other; and, in most cases, where the one is necessary the other is injurious.

If there are any cases in which such a combination is desirable, it would appear to be those which are passing through

the transition period between the secondary and tertiary stages, when the symptoms partake somewhat of the character of both periods—when, for instance, there are patches of scaly or papular eruption coincidently with disease of periosteum and bone, with recurrent iritis, chronic enlargement of the testis, or gummatous swellings.

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Internal Œsophagotomy in Cicatricial Contractions of the Œsophagus.—M. TRÉLAT describes (*Bulletin de l'Académie de Médecine*, t. XXXV. p. 241) a case of stricture of the œsophagus, resulting from the action of a corrosive liquid that had been swallowed, and in which the mode of treatment by gradual dilatation had long been employed in vain. The stricture was immediately above the cardia, and he at length determined to employ an instrument he had previously invented and delineated, and which consisted of a slightly curved shaft, about twenty inches in length, which towards its lower extremity presented a dilatation flattened on one side. Below this were two cutting blades that could be made to protrude to the desired extent by means of a screw. The instrument was forced through the stricture, the concealed blades thrust forth, and the instrument was then withdrawn.—*The Practitioner*, December, 1870.

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The Treatment of Orchitis.—M. BESNIER (*Bull. de Thérap.*, 1870) has found a simple method of treatment so successful in orchitis of all kinds that he thinks it proper at once to submit it to the consideration of the profession.

The patient is kept at rest, the scrotum is raised, and compresses steeped in a concentrated decoction of the leaves of digitalis are kept constantly applied. The compresses applied may be either lukewarm or cold, and are taken off when they begin to dry. The application must be kept on incessantly. With some folds of cloth under the pelvis and some waterproof around the wet compresses, the application can be carried on with little inconvenience to the patient.—*Dobell's Report on Progress of Medicine*, 1870.

Incontinence of Urine successfully by the Syrup of the Iodide of Iron. JOHN BARCLAY, of Aberdeen, states *Times and Gazette*, Dec. 17, 1870) during the past two years and a twenty cases of incontinence of urin been treated by him with the sy iodide of iron alone; and, so far knows, without a single failure. H the details of eleven of these case gave the medicine in doses of from 30 minims three times a day.

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Nitric Acid in Bright's Disease MAY FIGUEIRA, Physician to the Hospital of St. Joseph, at Lisbo found great benefit from the use o nitric acid mixed with water (as l ade) in Bright's disease. He has it inferior to tannin, borax, tinct cantharides, perchloride of iron, et gradually increases the dose to t four and thirty drops four times Milk and raw onions he found mo ful in diminishing anasarca and a nuria.—*Dobell's Report on Prog Medicine*, 1870.

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Chloral Hydrate in Puerperal and Puerperal Convulsions.—Dr. PE stated to the Obstetrical Society o don that during the past nine mon had used the hydrate of chloral sively in the puerperal state, esp in five cases of puerperal mania, a of puerperal convulsions. In four five cases of mania its action had very beneficial, while in the fifth it to produce sleep, though given i doses. In one case of mania the p had no sleep for three days, though had been given, but within five m of taking half a drachm of hydr chloral she fell asleep for four hour again for five hours more. In a case, on the fourth day it was gi full doses, and the next day the p was quite rational. The chloral h was very suitable in the restless, sle condition not uncommon after de A drachm dose produced no effect case of convulsions, while in anot which the paroxysms were sever frequently repeated, the action c

chloral was very marked. It was very satisfactory to receive such a favourable account of chloroform in obstetric practice from one so accustomed to its use as Dr. Kidd was. He (Dr. Phillips) had seen it used extensively in abnormal labours without untoward effects, and this notwithstanding that he had had it used continuously for twelve consecutive hours in puerperal convulsions.—*Med. Times and Gazette*, February 4, 1871.

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Value of the Preparations of Conium.—Dr. JOHN HARLEY in an article on this subject in *The Practitioner* (Dec. 1870), states that the advantage of the *green fruit* over every other part of the plant is so clear and decided, that nothing need be said in favour of its selection as the basis of the tincture and extract. The extract of the Pharmacopœia is a scandal to the present state of medical knowledge, and a spirituous extract of the green fruit ought as soon as possible to take its place; then indeed we shall have an extract of which the proper dose will be "from 2 to 6 grains," instead of from 20 to 60 grains or more, which is the efficient dose of the present extract.

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Kali-Kutki—A New Tonic.—Mr. M. C. COOKE, in a late number of the *Pharmaceutical Journal*, gives a description and an account of the properties of this plant, which has long been considered to be the black hellebore, but which really belongs, not to the Ranunculaceæ, but to the Scrophulariaceæ. Though unknown in the English market, it is well known throughout India. The drug consists partly of the root and partly of the stem of the plant. The root part is very light and brittle, about the size of a goose-quill, brownish-white in colour externally, and deep black internally, with short, waxy fracture. It is stated to be a very valuable tonic, Assistant Surgeon Mourdeen Sheriff considering it equal to gentian and calumba, and superior to chirayta. As a dose, ten or twenty grains as a tonic, and from twenty to forty as an antiperiodic, are recommended.—*Lancet*, Feb. 4, 1871.

Malt Extract.—Mr. EBERT, in the *Pharmacist*, draws attention to the fact that ordinary malt extract is simply good porter sold at an exorbitant price, and gives the following process as one really calculated to produce a valuable article: Take of barley malt, kiln dried, 10 lbs. av., Water q.s.

The malt is reduced by the drug mill so that it will pass through a No. 20 sieve; and to the meal is added a sufficient quantity of cold water to form with it a soft dough. Two gallons of hot water are then added, and heat applied until the temperature is raised to 150°, or not to exceed 158°. This temperature is maintained with occasional stirring for several hours, until the whole of the starch is converted into dextrine and glucose by the diastase of the malt. The absence of the starch can be ascertained by the application of a solution of iodine. When the whole of the starch has gone there is no more blue colouration with iodine. The liquor is to be expressed rapidly and passed through a strainer. This it would seem is a difficulty, as it speedily clogs up the strainer. Mr. Ebert suggests, however, an ingenious mode of remedy, which is, of course, applicable to many processes. It is to make a pulp of unsized or filtering paper, and mixing this pulp with the expressed fluid previous to straining. The perfectly clear liquor is to be evaporated by means of a water-bath to the consistency of a thick syrup, having the sp. gravity 1.500, or approximately one pint, and weighing one and a half pound.

The extract has an agreeable syrup taste, and contains, besides the sugar of the malt, dextrine, albumen, and the phosphates of the grain. In very hot summer weather, says Mr. Ebert, it is liable to fermentation, but this can be prevented by the addition of a small quanty of glycerine.—*Med. Press and Circular*, Feb. 22, 1871.

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Death from Chloroform.—Dr. BLODZ reports (*Wiener Med. Woch.*, Dec. 31, 1870) a case of this which occurred at the Eye Infirmary at Gratz. About two drachms of chloroform were administered to a lad

aged 11, and an iridectomy performed. During the dressing, and six or eight minutes after the completion of the operation, the lad was observed to make several rapid respirations and then cease to breathe. The autopsy failed to exhibit any peculiarity.—*Med. Times and Gazette*, Feb. 25, 1871.

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Tooth-Plate and Teeth Swallowed.—Mr. Henry Smith showed to the Medical Society of London a gold tooth-plate and teeth that had been swallowed by a gentleman, a patient of Dr. Hamilton, of Mitcham. Mr. Smith saw him six hours after the accident, and was able then to touch the plate with a pair of long forceps; but all attempts at extraction were unavailing. Mr. Smith therefore pushed the plate down into the stomach. The patient felt relief; and nine days afterward passed the plate by the bowel, with but little pain. Mr. Smith also showed a similar plate in vulcanite, given him by Dr. E. Johnson, that had been swallowed, and passed through the patient in safety. Dr. King narrated the case of a man in the Edinburgh Infirmary who had swallowed his false teeth. Mr. Syme, not being able to pull the teeth up, at once pushed them down. A few days afterwards, Dr. King was sent for to see the man, and found him dead. The angular hooks on the tooth-plate had torn the œsophagus and perforated the aorta. In the stomach was a complete cast of its cavity in blood-clot. Mr. Carter had seen a case where a brooch was swallowed. The patient was made to eat a large quantity of bread, and then an emetic was given, when the bread and brooch all returned together. Dr. Morell Mackenzie was in the habit of using in such cases an instrument known on the continent as the *ramoneur*. It was passed down, and, as it was withdrawn, a sort of brush, expanding, caught the foreign body, and so removed it.—*British Med. Journal*, Feb. 4, 1871.

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Morbid Anatomy of Tetanus.—Dr. Allbutt exhibited to the Pathological Society of London some microscopical specimens of spinal cord, illustrative of the morbid anatomy of tetanus. They were taken from four cases, all traumatic. first patient suffered from lacerati the skin and injury to the ankle. cord was soft in many parts, espe in the upper portion of its course. posterior tibial nerve was remove its sheath found full of pus. The s was a girl, who lacerated her finger nerve of the forearm was not exa The third patient had been operat by Chopart's method. The cord w in the dorsal region, and a clot was in the lumbar enlargement. The of the posterior tibial was full o The fourth case was one of com fracture of the leg. The cord wa chiefly in the dorsal region, and were some hemorrhages throughout Allbutt said that in all the cords ch were observed, especially softenin two there were hemorrhages, the vessels were distended, thickened, cose, and plugged, and there were round these vessels, either full or e There was also proliferation of epith in the central canal, which was s with it. There were changes in th nective tissue of the cord, and wa out of cells in the anterior cornua, also small yellow lumps were to be as of motor cells degenerated.

Dr. Dickinson had found the same dition of bloodvessels. The throm was difficult to make out after soaki chromic acid.

Dr. Moxon had never seen any like inflammation; the vessels were full, but there was never anything thrombosis in the specimens he had The cord was often anæmic. Ther no thickening of the membranes or thing like lymph in those he had e ined, but he had seen epithelium ferated in the central canal. He th the tetanic condition due to irritatio to any distinct change, as in the which recovered no paralysis was lef death resulted from over-action, not impaired action.—*Med. Times and G* February 18th, 1871.

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A Woman with Four Breasts.—A p parous woman was admitted unde Lornin, and was delivered the next d

a dead premature child. She was found to have four breasts, two in the normal position and with the normal puerperal appearances, and two which, from their position, might be called axillary, and attaining the size of a small orange. She menstruated at twelve, and at the periods she experienced pain in the small breasts. The colostrum also which these contained was small in quantity, and the granular bodies were less and transparent, while the milk-globules were fewer. The areolæ was also very small. In spite of an attack of fever, the lacteal secretion was regularly established in all the breasts, but the milk examined microscopically was found of a much poorer quality in the supplementary breasts.—*Med. Press and Circular*, Jan. 4, 1871, from *Revue Photographique des Hôpitaux.*

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Smallpox in London.—The mortality from this disease for the weeks ending February 4, 11, 18, and 25, has been respectively, 196, 211, 218, 227. That the present epidemic is more severe than any during the last 80 years is shown by the fact that the average mortality for the past nine weeks has been 168½, while in an equal number of weeks during the previous most severe epidemic (1840–41) the weekly average was only 71. In Liverpool the epidemic is more severe; the annual death-rate from smallpox for the last week in February was equal to 3.6 per 1000 in London, while it was 12.9 in Liverpool. Smallpox has spread in an unusual degree over the whole of Europe.

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Stage at which Smallpox is contagious.—There are some who, perhaps arguing from analogy, are disposed to think that a communicable virus is not given off until the specific eruption appears upon the skin, and some who regard the disease as scarcely likely to be communicated even during the first day or two of the eruptive stage. We are sure that this notion is as inconsistent with facts as it is dangerous to the public health. The observations of highly competent men have satisfied us that the cutaneous eruption is no proper criterion to go by, and that smallpox may be communicated when not a single pock has appeared upon the skin. It was only a fortnight ago that a case of petechial typhus, fatal in a few days, was reported to one of the metropolitan health officers. Suspecting that there might have been an error in the diagnosis, he saw the surgeon who reported it, and learned from him that the illness commenced with severe pain in the back and other initiatory symptoms of smallpox; and, moreover, that the patient, a girl, had been exposed to smallpox contagion. In this case there was no eruption up to the death, yet a sister who lived in the house and assisted in nursing her was about a fortnight after the death attacked with smallpox. That a variolous fever without eruption prevailed in epidemic seasons was an old observation of Sydenham. That people with this form of the disease, ignorant of its nature, may go about and communicate smallpox, is not an improbable way of accounting for some of those attacks in which no direct or indirect exposure to contagion can be traced. However this may be, it is obviously a prudent course to interdict personal intercourse with individuals who, during the prevalence of the epidemic, show the symptoms of the initiatory fever, whether they issue in eruptive smallpox or subside without the development of pocks.—*Med. Times and Gazette*, February 25, 1871.

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Diphtheria in Germany.—It is stated in the *Med Cent. Zeit.*, that this complaint is prevailing extensively in Berlin, attacking both old and young. It also is prevalent in the military hospitals.

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The International Congress of 1871, *in Vienna.*—This will be the third of the series, the second having been held at Florence, in 1869. The committee had been appointed in the latter city, and has now chosen its officers. President: Prof. Rokitansky. Vice Presidents: Profs. Duchek and Sigmund. Secretaries: Drs. Benedikt and Schnitzler. The committee will request the assistance of the medical corporations of Vienna, and at once begin the work of organization.

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We wish for once that our province was not restricted to methods of treatment, that we might say something of the exquisite colored plates in this volume.—*London Practitioner*, May, 1869.

As a whole, it teaches all that can be taught by means of plates and print.—*London Lancet*, March 13, 1869.

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Other writers beside M. Cullerier have given us a good account of the diseases of which he treats, but no one has furnished us with such a complete series of illustrations of the venereal diseases. There is, however, an additional interest and value possessed by the volume before us; for it is an American reprint and translation of M. Cullerier's work, with incidental remarks by one of the most eminent American syphilographers, Mr. Bumstead. The letter-press is chiefly M. Cullerier's, but every here and there a few lines or sentences are introduced by Mr. Bumstead; and, as M. Cullerier is a unicist, while Mr. Bumstead is a dualist, this method of treating the subject adds very much to its interest. By this means a liveliness is imparted to the volume which many other treatises sorely lack. It is like reading the report of a conversation or debate; for Mr. Bumstead often finds occasion to question M. Cullerier's statements or inferences, and this he does in a short and forcible way which helps to keep up the attention, and to make the book a very readable one.—*Brit. and For. Med.-Chir. Review*, July, 1869.

It was with unmingled satisfaction that we heard the announcement that the French surgeon's magnificent treatise was to be reproduced in this city, in a style which would be in every respect worthy of the original, and yet which would be offered at such a price as to be readily attainable by every surgeon throughout the whole extent of the United States. The first portions of this splendid book have already formed the subjects of short bibliographical notices in the numbers of this Journal for April and July, 1868. But now that it is complete, and stands before the profession in its goodly proportions as a whole, it becomes our duty to offer our readers a more elaborate and a more critical review of its many and great excellences. The 76 plates of the original are here accurately reproduced on 26 plates containing 145 figures. These we have very carefully examined, and have no hesitation in pronouncing them to be the best illustrations of any medical work in our language with which we are acquainted. The most splendidly illustrated work in the language, and in our opinion far more useful than its French original. It is besides furnished at little more than one-half the price of the French edition, and must, we think, remain for a long time the most desirable book on venereal diseases attainable by the American practitioner.—*Am. Journal of Med. Science*, Jan. 1869.

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ERSANT ON SURGICAL DISEASES OF INFANTS, ETC., 16 PAGES.

CLINICS.

CLINICAL LECTURES.

linical Lecture on the Treatment of moptysis. By A. T. H. WATERS, M.D., sician to the Liverpool Northern Hos- l.

ENTLEMEN: I wish to call your at- tion to the treatment of hæmoptysis. es of this affection are very frequently with in our wards, and will often oc- to you in your practice hereafter. re is scarcely any symptom which e alarms the patient, or a patient's nds, than the expectoration of blood; people have a well-founded belief that a very common indication of the ex- nce of pulmonary consumption. In- l, setting aside those cases in which moptysis is associated with heart-dis- , or is of a vicarious character, in a very large proportion of the remainder it is undoubtedly connected with phthisis. I do not mean to say that hæmoptysis always indicates the presence of tubercles in the lungs, for I believe it may occur at a very early period of consumption, and before any tuberculous deposit has taken place—in fact, that, at times, it is the first indication of phthisis, and may determine the development of that disease. The existence of hæmoptysis cannot prove to you that pulmonary consumption has arrived at any particular stage; for just as, I believe, it may take place before there is any tuberculous deposit, so it may occur when the disease is far advanced, and the lung full of cavities.

Considering the frequency of hæmoptysis, it is only in a small proportion of cases that it proves fatal—the patient dying suddenly from the profuseness o

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the hemorrhage, and consequent suffocation, or sinking more or less rapidly from exhaustion. A case of rapid sinking occurred not long ago in my practice in the hospital, and I will briefly relate it to you.

H. G., aged 30, was admitted under my care on October 12th, 1869. He was brought from a vessel which had just arrived in the port, and was spitting up large quantities of blood. He was in a sinking state when admitted, and he died in about six hours. He had been under my care in the hospital three months previously. At that time there was dulness, with other signs of consolidation at the base of the left lung, and I considered the case to be either chronic pneumonia, likely to develop into phthisis, or phthisis beginning at the base. On making a *post-mortem* examination, we found a large cavity at the base of the left lung, and a smaller one at the apex, and the substance of the lung was studded throughout with tubercles. The anterior part of the lung was emphysematous, and also contained tubercles. The right lung was more or less emphysematous throughout, and infiltrated with tubercles. In the middle lobe there was a large cavity filled with blood. A considerable quantity of blood was also found in the stomach. Here, then, we had a case in which ulceration or rupture of a large vessel on the walls of a cavity produced hemorrhage so profuse as to cause rapid death.

This is the only case that has occurred in my practice in this hospital where hæmoptysis has been *directly* fatal; but, curiously enough, within a short time—about ten days—of the death of my patient, my colleague, Dr. Glynn, lost a patient from pulmonary hemorrhage, and, after death, a cavity was found in the left lung, into which blood had been poured in large quantity.

Whenever hæmoptysis is only slight, during the progress of a case of phthisis, no special treatment need be directed to it. It is better to continue the measures which you are adopting for the general treatment of the disease, and give encouragement to your patient if he be disposed to be alarmed at the appearance of a few specks of blood. But should the hemorrhage be at all severe, you should at once enjoin rest, nor should you allow your patient to take exercise, or run any risk, by which an inflammatory attack might be brought on, until all appearances of blood have been lost for some days. I consider this rest and care most important, whether there have been no previous symptoms of phthisis and no other signs are present, or whether you have indications of existing deposit; and for this reason: that hæmoptysis is not unfrequently followed by pneumonia, especially where the hemorrhage has been severe. When blood is poured out into the lungs, unless it be all expectorated, it must necessarily act as an irritant, and inflammation is liable to set up around it. This inflammation is often of a limited character; but, in two instances which have occurred to me within a somewhat recent period, extensive pneumonia followed hæmoptysis. It is true that in both these cases the hemorrhage was copious, and in one which I shall relate to you a very large quantity of blood was lost.

I would caution you, therefore, to be on your guard, in all cases where hæmoptysis is at all severe, against the occurrence of pneumonia. It is better, I think, to err on the side of keeping the patient quiet, than to allow him to incur risk by too early exercise or exposure. The pneumonia which may result from pulmonary hemorrhage may determine the development of phthisis, which might possibly, by the exercise of proper care, have been prevented from becoming developed.

There is a kind of hæmoptysis which I have met with which is, I believe, the result of a simple oozing of blood from the mucous membrane of the bronchial tubes. The blood is not mixed with viscid sputa, nor is it pure blood; but the expectoration has very much the appearance of currant-juice. I have lately had a patient in whom this kind of expectoration had existed for a considerable time, and in whom, at the time he first came to me, I could discover no physical signs of consolidation of either lung. He had taken various medicines for the hemorrhage, but nothing had done much good. I did not for some time adopt any special treatment for the

bleeding, but confined myself to the administration of tonics, quinia, iron, and cod-liver oil. But, finding that the symptom did not cease, I ordered gallic acid in ten-grain doses three times a day. This had the desired effect, and soon the hemorrhage stopped. It has recurred at intervals, but the patient is able to check it by resorting to the gallic acid. Since I first saw the case, twelve months ago, symptoms of deposit in the right lung have supervened.

I will now call your attention to one of the most severe cases of hæmoptysis which I have ever seen. It will serve to illustrate the principles of practice which should be adopted in the treatment of this affection.

H. B., a German, 28 years of age, described as a merchant, was admitted into the hospital under my care on the 18th September, 1868. He had just come by sea from Hamburg, and had suffered much from sea-sickness in consequence of rough weather. He told us that a year previously he had expectorated some blood, and that subsequently his health had been pretty good. I saw him soon after his admission. He was coughing up blood of bright red colour, and in considerable quantities. His pulse was quiet, but he appeared very weak. I ordered him three grains of acetate of lead, with half a grain of opium, every four hours. I directed that he should be kept perfectly quiet, and have nothing in the way of food but small quantities of iced milk or beef-tea. I saw him on the evening of the following day. He had passed a bad night; the hemorrhage had been very profuse; the blood was almost pure, and, although I did not measure it, I am sure that many ounces had been brought up. It was kept in several vessels, and one might have thought that a series of small venesections had been practised. The pulse was 90, and the patient had taken his food pretty well. I ordered the pills to be given every two hours, and ice to be applied to the chest. On the 20th the quantity of blood expectorated was about the same as before, but the pulse had risen to 100. The patient was getting drowsy, and the pupils were contracted. I therefore stopped the opium, but continued the acetate of lead, and ordered dry cupping between the shoulders. I carefully examined the chest, but could find no marked physical signs of phthisis. There was, however, slight dulness, with deficient movement at the right apex. The heart sounds were normal. On the following day there was a slight decrease in the hemorrhage, but still the blood was in large quantities, quite fluid and florid; the narcotism had passed off, and the pulse had fallen a little. I consider that there was a *slight* improvement in the patient, but that the remedies were not acting quite satisfactorily, and that, unless the hemorrhage were soon checked, the patient would sink from exhaustion. I had given a fair trial to the acetate of lead. It had been taken for three days in frequent doses with very little effect, and I felt that some other measures should be used. I therefore ordered ten grains of gallic acid every two hours; the ice to be continued to the chest, and as much nourishment, in the shape of milk, beef-tea, and eggs, to be given as could be borne. The effect of the acid was very marked. On the 22d, when I saw the patient, after he had taken the acid for twenty-four hours, he was spitting up only little masses of blood, and the quantity was largely diminished. On the following day the improvement was still more marked, and I ordered the mixture to be taken every three hours only. On the 24th, the hemorrhage was very slight, and the pulse had fallen to 84. The gallic acid was now ordered to be taken every four hours; and on the 27th he was perfectly free from hæmoptysis, and, in fact, convalescent from his attack. But now mark what followed. On the 29th he began to get worse; the pulse rose; he became feverish; and, in fact, an attack of pneumonia of the base of the left lung set in. As I propose to refer in a special lecture to this attack of the patient, I shall say no more than that he made a good recovery from it, and was discharged from the hospital on the 23d October.

There was a very interesting case of hæmoptysis in the wards a short time ago, to which I should like to call attention.

D. C. was admitted into the hospital on the 31st January, 1870. He was 35 years of age, a cab-driver, and consequently had been much exposed to the weather; moreover, he confessed to being a free spirit-drinker. He had been in the habit, for some years, of taking five or six glasses of spirits a day. He told us that he had suffered from a cough for about two months, but that up to three days before his admission he had brought up nothing but phlegm. On the evening of January 28th he coughed up, he said, about half a pint of blood; on the following day, about a pint; and, again, on the 30th, about a pint. I saw him soon after he came to the hospital. The hemorrhage had ceased, the respiration was not hurried, and the pulse was quiet. I did not examine the chest carefully, as I did not wish to disturb him for fear of reproducing the hæmoptysis; but, from the slight examination I made, I could detect no organic disease. The man had a large pupil, a somewhat strumous aspect, and there was a flush on each cheek. The urine, on examination, was found healthy. I ordered acetate of lead and opium, and ice to the chest. For two or three days after his admission, he spat blood in small quantities; and on the 5th and 6th of February there was no hemorrhage at all; but on the 8th it returned somewhat profusely. I at once ordered him ten grains of gallic acid every four hours, and, as the hemorrhage had not quite ceased on the 10th, the medicine was given every three hours. A careful examination of the chest on that day revealed no signs of organic disease. There was good resonance on both sides, and the expansion was good. The heart sounds were normal.

For three days the man was free from hæmoptysis, and I reduced the quantity of gallic acid; but on the night of the 13th February, after reading aloud, he spat up about half a cupful of pure blood. Early on the morning of the 16th he awoke and coughed up about six ounces of blood. He continued to spit up small quantities of blood till the 19th, when there was no hæmoptysis, a ture was stopped, but on t day the hemorrhage recurre tent of about half an ounce, ral mornings he brought u same quantity. On the 24th, A. M., he spat up about si bright arterial blood. The g then resumed every two ho was applied to the chest. which had been quiet, becam quent, 108, but it soon fell. rhage continued to a slight e 27th, when it ceased, but it re 4th of March to the extent o blood. I then added twent tincture of ergot to each dos lic acid. From this time the gradually became less and les ceased. On the 17th he was ture of iron. He had alread liver oil for about a fortnight. no more hemorrhage until the on which day he brought up I again ordered the gallic a bleeding was soon stopped. hospital on the 7th April.

I made a careful examin chest on several occasions, a before the patient was disch could find no evidence of dep lung, and if any existed it m deep-seated.

And now I will call your the various measures which resorted to in the treatment sis. In the first place, I bel best remedy you can use, th most rapid, and the most effe lic acid. It must be given in not less than ten grains ev every two, three, or four ho ing to the severity of the readily taken by patients; i agrees with the stomach, and by delicate persons. I have in a large number of cases speak with confidence of its rarely found it fail, but still it invariably successful in rapi the hemorrhage. You may case of Peter R——, who w the house, and in whom hæ curred over and over again.

a variety of remedies for this man, and each in its turn failed to arrest the bleeding. It is quite true, however, that gallic acid answered better than any other agent used; it never failed to diminish the quantity of blood expectorated, and on several occasions it stopped the hæmoptysis altogether for a time, and this is more than I can say of either of the other substances used. I do not think you gain anything by giving the acid in larger doses than ten grains; but I know that some physicians give it in twenty-grain doses. It rapidly finds its way into the urine and is excreted.

Acetate of lead is another valuable preparation for arresting hæmoptysis; combined with opium it is often of great service. I usually give it in the form of pill in two- or three-grain doses every two, three, or four hours. I have seen very severe cases yield to this treatment. Some of you may recollect one of our house-surgeons who had a bad attack of hæmoptysis, and for whom I prescribed this substance, and who made a satisfactory recovery.

In the opinion of some physicians, acetate of lead is a more powerful styptic than gallic acid, but in the treatment of the form of hemorrhage which we are now considering I prefer the latter; if, however, in any case this failed, I should resort to the lead preparation. If you give it, it must be in the full doses which I have recommended.

Sulphuric acid is a good remedy in slight cases of hæmoptysis; and it may be combined with other substances, as quinia, iron, etc., which are given for the general treatment of the disease; and, indeed, I have seen cases which have been somewhat severe yield to full doses of this acid. There was a man in the wards some years ago who was spitting a good deal of blood, and for whom the house-surgeon had ordered sulphuric acid in ten-minim doses. I saw the patient for the first time after he had been taking the acid for two or three days, but it had not checked the hemorrhage in the slightest degree. I considered the dose too small, and I increased it to thirty minims. In twenty-four hours the hemorrhage had greatly diminished, and it soon stopped. If you are disposed to try this acid in any severe case, you must give it in full doses; but it is not so easily taken, nor is so well borne by patients, as gallic acid. Moreover, as it must be largely diluted to be taken, it necessitates the swallowing of a good deal of liquid, which is generally to be avoided.

Let me give you a caution in reference to the administration of opium. It is well to bear in mind its tendency to confine the bowels, for in treating persons who are very weak for hæmoptysis, you may find that when you have checked the hemorrhage you have great trouble in getting the bowels opened, and the efforts to move them may reproduce the bleeding. Of course, in any severe case you must do all you can to stop the hemorrhage, and opium, either with gallic acid or acetate of lead, is often, I think, useful. It doubtless possesses some styptic powers, and, moreover, is probably of use in sustaining the patient under the influence of the loss of blood. I advise you, however, not to continue its use longer than is absolutely necessary.

My experience of the use of ergot of rye in pulmonary hemorrhage is not very favourable. I have given the tincture in several cases, but I have not been very satisfied with the results. It may be applicable to some cases, but I do not think that it possesses such valuable properties as gallic acid or acetate of lead.

In severe cases of hæmoptysis, I always apply ice to the chest. We know that a cold substance applied to the skin will produce a reflex contraction of distant bloodvessels; and it has appeared to me that ice applied to the chest has been of service in checking hæmoptysis. I have never seen any injurious results follow its use. The ice should be applied in a bag, and should not be kept on sufficiently long to produce a chill.

You will find digitalis recommended by some writers as a valuable agent for checking hæmoptysis. I have frequently found, in cases to which I have been called in consultation, that this medicine has been given, and I know that many practitioners have great confidence in it. They do not, however, prescribe it alone, but in combi-

nation with other remedies, as sulphuric acid and laudanum, so that it is difficult to say how far the results which have followed have been due to the digitalis itself. As far as my own experience goes—and I have frequently prescribed digitalis—I cannot recommend it as a trustworthy remedy in hæmoptysis. You are probably aware that there are conflicting views in reference to the action of digitalis. On the one hand, it has been considered a cardiac sedative; on the other, a cardiac tonic. If, as is alleged by some, it have the power of causing contraction of the smaller arteries, it ought to be, theoretically, useful in hæmoptysis; but on this point I can only give you the result of my own clinical observations, and, having tried it and found it fail, I have given up its use.

I occasionally prescribe dry cupping in hæmoptysis, especially if it be of an active character; but I never fail to give styptics internally at the same time.

With regard to the administration of purgatives, I must caution you against their indiscriminate use in this affection. When you have to deal with tolerably robust individuals you may safely give purgatives, and they will often be of service; but when the hemorrhage is severe, or the patient in a very exhausted condition, you must be very careful how you further lower him by their administration. It becomes sometimes a very serious question whether the movements necessary for the action of the bowels may not prove injurious by opening a vessel which has recently closed. In some cases the thread on which life appears to hang seems so slight that we dare not allow the slightest movement on the part of the patient, and we are glad that the bowels remain inactive.

Whenever your patients show symptoms of exhaustion during the occurrence of hæmoptysis, you need not hesitate to give small doses of stimulants with food at regular intervals. I do not believe that such treatment in anywise tends to increase the hemorrhage, and it has a beneficial effect in sustaining the patient.

There is one remedy to which I have not referred; viz., turpentine. It is most valuable in hemorrhage from the bowels, but less so, in my opinion, in pulmonary hemorrhage. However, it is an agent to which you may have recourse should other measures fail.

A few words as to the general management of your patient. Let him be kept perfectly quiet, and do not allow any person to be with him except his nurse. Take care that his room is kept cool and well ventilated, and give no other food than milk and beef-tea, in small quantities and iced. Thirst will often be complained of: this is best relieved by small lumps of ice. You must not allow large draughts of iced-water, and everything likely to cause vomiting or distension of the stomach must be specially avoided. Lastly, let me advise you not to disturb your patient for the purpose of making unnecessary physical examinations.—*British Medical Journal*, March 11, 1871.

HOSPITAL NOTES AND GLEANINGS.

Hygroma of the Hyoid Bursa.—W. L., æt. 30, a carman, applied to Dr. Morell-Mackenzie at the Hospital for Diseases of the Throat, on Nov. 25, 1870, on account of difficulty of breathing and swallowing, which he attributed to a swelling just below the chin. He stated that he had first noticed the swelling about seven or eight years ago, but that it had never caused him any trouble till 1867, when he took cold, and the swelling greatly increased in size. He then consulted an eminent surgeon, who advised him to leave it alone. Subsequently, however, it caused him a great deal of inconvenience, and occasionally prevented him doing his work. The swelling had become much larger during the last year.

On examination, an ovoid tumour, about the size of a hen's egg, was found extending horizontally across the neck, and slightly attached to the hyoid membrane. The tumour was mobile, firm, and elastic. There was fluctuation on palpitation. The skin over it was healthy and non-adherent.

The case was diagnosed to be one of hygroma of the hyoid bursa, and Dr. Mackenzie directed that the cyst should be punctured, and a small seton afterwards

be put through. This was done. About three ounces of a transparent, but viscid yellowish-white fluid were drawn off. A few threads were afterwards carried through the cyst. The same evening the patient had a shivering fit, and could not sleep.

On the following morning he experienced much difficulty in swallowing, and some shortness of breath. The surface of the swelling was inflamed, and, on making a laryngoscopic examination, the epiglottis and mucous membrane of the larynx were seen to be in a state of general hyperæmia. An inhalation of the compound tincture of benzoin, and poultices over the neck were ordered.

On the 27th the bursal cyst was found to be tense, and thick laudable pus escaped from the seton openings. Dr. Mackenzie ordered one of the orifices to be slightly enlarged, and the seton removed, when a quantity of pus was poured out. This purulent discharge continued for a few days, and at the end of four weeks (December 26, 1870) the wound had healed, and the man was made an out-patient.

January 14, 1871. Finally discharged cured, there being no remains of the cyst.

Remarks.—Dr. Morell-Makenzie observed that these cases are interesting, both on account of their rarity and of the close connection which the bursa has with the larynx. A valuable communication on this subject was read before the New York Medical Association, by Dr. F. H. Hamilton, in 1869, and reported in the *Medical Record* of February, 1870. Several cases were reported by him under the name of "superlaryngeal encysted tumours," or "encysted bursal tumours in front of the larynx." On that occasion, Dr. Elsberg gave an interesting historical *résumé* of the subject. On account of their close connection with the larynx, any curative treatment of these tumours is likely to give rise to laryngitis. The plan commonly adopted consists in puncturing and injecting iodine; but this treatment is not so certain as that by seton, for the cyst not unfrequently fills again. All observers who have met with these cases are agreed that all attempts at extirpation would be met with considerable danger. In addition to the hyoid bursa, subcutaneous bursal cysts are sometimes found over the thyroid, and even as low as the cricoid cartilage.—*Med. Times and Gaz.*, Feb. 11, 1871.

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Colotomy and Operation for Fecal Fistula.—Mr. Christopher Heath, on Feb. 4th, at the Hospital for Women, Soho-Square, performed colotomy for malignant disease of the rectum. While the patient was being brought under the influence of chloroform, Mr. Heath explained that the patient had only on the night before come into the hospital. There had been a scirrhous condition of the rectum for a long time, the disease being situated three inches from the anus, and being attended by the usual symptoms of painful defecation, and occasional losses of blood. Mr. Heath had long since advised colotomy, but the patient refused, and it was only two days ago, when, absolute obstruction having been present for a week, stercoraceous vomiting had already set in, that Mr. Heath was sent for, and the woman submitted to the operation. Mr. Heath referred to a similar operation performed by him on the previous Saturday, in which, however, the conditions were more pleasant, as the state of the lower bowel rendered it possible to distend the colon with water, and so render it easily and cleanly reached. Here, probably, also, the bowel would be distended, but with feces, which would make the operation of a more disgusting character. Before making his incision, Mr. Heath marked with ink, on the left loin, a vertical line, half an inch behind the midpoint of the crest of the ilium, which, he said, was an infallible guide to the colon. He then dissected straight down on this line, at once exposed the distended colon, and before opening it, passed two sutures through the bowel and skin, keeping them loose, but attached on either side to the edge of the wound. Then, the gut being drawn up and opened, the middle of each thread was pulled up, cut, and the opened bowel at once stitched to the lips of the wound without further trouble. There was an immediate escape of feces, and as this subsided, a quantity of pulled

oakum was packed over the wound, and the patient returned to bed. By this method of procedure, the operation was conducted with a precision, rapidity, and cleanliness which we have not before witnessed.—*Medical Times and Gazette*, March 4, 1871.

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Case of Tetanus Neonatorum treated with Chloral Hydrate; Recovery.—Dr. WIDERHOFER showed lately to his class at the Children's Hospital, Vienna, a child of three months old, which was attacked by tetanus neonatorum at the end of the first week after birth, and was treated with chloral hydrate in doses of one and two grains at the time of each onset of convulsions. It was in danger for a fortnight. During the intermission of the spasms it was fed from the breast by its mother. It is now a fine, healthy-looking child. This is the sixth case (out of ten or twelve) that Dr. Widerhofer has had of recovery under treatment by chloral. Under all other methods all his previous cases died. Considering that Vogel, and other great German authorities on children's diseases, had quite recently never seen a case of this affection recover, such a success must be taken to indicate a real advance in therapeutics. Dr. Widerhofer gives from two- to four-grain doses of chloral by the rectum, if the infant cannot take it by the mouth.—*Lancet*, March 18, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Gonorrhœa by Warm Water Injections.—Dr. JOHN O'REILLY contributes a short article on this subject to the *American Practitioner* (April, 1871). The conclusions at which he arrives are the following:—

1. That gonorrhœa yields to local treatment, and even water injections.

2. That water injections or medicated lotions owe their efficiency to their frequent application.

3. That the common small syringe should be done away with in treating this disease, and none used but those throwing a continuous stream.

4. That large injections, by fully distending the mucous membrane of the urethra, insure a speedier cure than those less copious.

This method of treatment Dr. O'Reilly instituted in the Venereal Hospital established at Nashville in connection with the army of the Cumberland. The patients were ordered the usual diet of the hospital, with no drinks but water, and the nurse was directed to inject freely tepid water into the urethra every hour, except at night, during which period the patients were instructed, if they awoke, to use the injection themselves. The result was that in five days the patients were pronounced well, the discharge having ceased in forty-eight hours after the treatment was commenced.

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The Pennsylvania Hospital.—The No. of the *Medical Times* for April 15, 1871, contains a sensible article respecting this useful and venerable institution. Our contemporary justly states that "there is no other institution in Philadelphia in which the interests of the medical profession have centred for so long a time as" in it. From 1766 down to the present time, a period of upwards of a century, clinical lectures have been given there.

"The prosperity of Philadelphia as a seat of medical teaching has been largely owing to the excellence of the clinical instruction given at the hospital, and the graduates of her schools have always recalled with pleasure the time spent within its walls. With such pleasant recollections of its greatness, we cannot look with equanimity or indifference upon its present decline in popularity with students.

"In the early part of November, 1869, nearly five hundred tickets were sold, and we are told that on one or two occasions that number of students actually assembled in its amphitheatre—constituting, it is believed, the largest class in attendance upon clinical lectures in the world. During the past winter less than two hundred students attended the clinics. Why has this change occurred? More favourably situated than any other hospital in the city, within ten minutes' walk of the two great schools of medicine and

of the homes or boarding-houses of the students, with precisely the same medical staff, many of the members of which are popular teachers, and affording opportunities for clinical study unsurpassed elsewhere, the change since last year seems incomprehensible.

"We can only regard it as one of the results of the action of the contributors to the hospital, who, at their last annual meeting in May, practically decided that the medical staff, comprising the only officers of the hospital who are at all fitted to decide questions pertaining to medical teaching, should have no voice in determining them."

If the contributors to the hospital desire to restore the former renown of the institution, they should in its management defer more than they have latterly done to the judgment of their medical staff, as was formerly the case in the palmy days of Morgan, Rush, Physick, Wistar, and their contemporaries. Indeed it was a great mistake in the original organization of the hospital that its medical staff were not given a vote in its management. They should be *ex officio* members of the Board of Managers, for it must be evident that in all matters, except merely those of finance, they are more competent, from their education and training, to decide what is best for the interest of the sick and the advantage of the institution as an educational one than can be gentlemen brought up to mercantile pursuits.

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South Carolina Medical Association.—This association held its annual meeting in the city of Charleston on the 4th, 5th, and 6th of April last. Several interesting papers were read, and the following officers were elected for the ensuing year:—

F. Peyre Porcher, M.D., Charleston, President; R. W. Gibbes, M.D., Columbia, First Vice-President; A. P. Wylie, M.D., Chester, Second Vice-President; D. S. Price, M.D., Marion, Third Vice-President; T. Grange Simons, M.D., Charleston, Recording Secretary, *vice* J. S. Buist, declined re-election; S. Baruch, M.D., Camden, Corresponding Secretary, *vice* F. P. Porcher, elected President; F. L. Parker, M.D., Charleston, Treasurer.

After the transaction of other important business the association adjourned to meet in Columbia on the third Tuesday in April, 1872.

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Medical and Surgical Memoirs.—Joseph Jones, M.D., Professor of Chemistry, Medical Department, University of Louisiana, is preparing for the press a work embracing his investigations during fifteen years into the Causes, Geographical Distribution, Natural History, and Treatment of Intermittent, Remittent, and Congestive Malarial Fevers, Yellow Fever, Typhoid and Typhus Fevers, Smallpox, Spurious Vaccination, Measles, Pneumonia, Diarrhœa, Dysentery, Scurvy, Tetanus, Cerebro-spinal Meningitis, Diseases supervening upon Gunshot Wounds, Pyæmia, Hospital Gangrene, Erysipelas, etc. The work will be published as soon as a sufficient number of subscribers have been obtained

Those desiring to become subscribers should forward their names to Joseph Jones, M.D., Glass Box 1542, New Orleans, La.

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Obituary Record.—It is with regret that we record the death at Cincinnati, Ohio, on the 22d of March last, at the mature age of 76, of Dr. W. T. Taliaferro, formerly of Maysville, Kentucky, but for a number of years past a resident of Cincinnati. He was a skilful ophthalmologist and highly estimable gentleman.

FOREIGN INTELLIGENCE.

Therapeutic Value of Iodine in the Treatment of Syphilis.—Mr. Berkeley Hill, of the Male Lock Hospital, considers it of first importance, in estimating the power of iodine to subdue syphilis, to determine the stage during which the drug is most serviceable, and what are the forms in which the disease betrays itself during that stage.

Iodine is, he says, unquestionably of high value in all the skin affections characterized by prominent or deeply-set tubercles in the skin, and those marked by ulceration rather than by desquamation. In the visceral forms of syphilis

also, in periosteal and osteal affections, and in muscular tumours, the extreme value of iodine is beyond doubt. This indisputable effect of iodine in certain forms, and the prejudice against mercury, have led many practitioners to employ iodine for all the phenomena of syphilis. This Mr. Hill believes to be a mistake, for two reasons. The first: that he has never been able to trace any result from the exhibition of iodine either for the initial sore or for the roseolous and papulo-scaly eruptions on the skin. Undoubtedly, these symptoms may disappear while iodine is being taken; but it has not yet been shown that they do so with greater rapidity than when the patient is subjected to no specific treatment whatever. The second: that he is strongly convinced that the earlier the disease is controlled, the more likely is the patient to escape a tedious course and the dangerous sequelæ of syphilis. Consequently, he regards the iodine treatment of early syphilis as a loss of valuable time, and as an exposure of the patient to the chance of ultimate, and possibly avoidable, suffering. The converse is, however, unfortunately not always true: the best and most careful treatment of syphilis at the outset is not a perfect safeguard against a severe course of the malady. Nevertheless, every year increases his confidence in the protective value of a judicious early treatment.

Mr. Hill believes that iodine is generally given with advantage to feeble persons, whose eruption is pustular rather than bullar; but even here he thinks it possible that the stimulant effect of iodine is the chief benefit derived from the drug, and mercury should follow the iodine as soon as the restored vigour of the patient will allow; and if, in such cases, iodine alone is relied on, the disease commonly recurs in the same or some other form. Iodine, therefore, he considers useless in all initial sores, and in early scaly or muscular eruptions, but often serviceable as a preliminary to mercurial treatment for debilitated persons.

But even when unquestionably appropriate, it should always be followed by mercury. When the patient is apparently restored to health, he should at once begin a course of small doses of mercury, given continuously, or with occasional short intervals of iodine, and lasting four or even six months. The dose of mercury need not be sufficient to produce any soreness of the gums; slight sponginess is all that is needed. A fifth or a fourth of a grain of perchloride in the twenty-four hours, given with cinchona solution and hydrochloric acid, is very effectual. Ammonia should not be used in any form with the mercury, for it has been shown by Mr. Martindale, teacher of practical pharmacy and dispenser in University College Hospital, that the perchloride, when mixed with ammoniacal salts, is gradually but completely precipitated from solution as ammonio-chloride; hence, though this precipitate would be dissolved in the stomach and produce its proper effect, the chance of its remaining as sediment at the bottom of the bottle renders ammoniacal solutions of mercury uncertain and unfit for internal use. Simple distilled water dissolves the perchloride quite sufficiently for this purpose.

Iodine is also useful, when given after a mercurial course, to prolong the influence of mercury which has been given early in the disease. In such cases it will frequently control even scaly eruptions, which otherwise would be slow to subside. This effect has been attributed to the fact of the mercury, which has been deposited in the tissues, being redissolved into the circulating fluids.

The modes of giving iodine vary much with the individual. Small doses of two or three grains, three or four times daily, should be combined with some aromatic or astringent tincture or infusion to prevent the irritation of the alimentary canal that sometimes occurs. But these small doses soon lose their effect, and must be gradually increased by about one-third at successive steps. This rule holds good also for large doses. If a patient ceases to derive benefit from twenty grains, the increase should at once be made to thirty, for a smaller addition to the dose seldom has any effect. The augmentation should be continued until the disease has disappeared, or until symptoms of iodism show that no more can be borne. In the latter

event the use of iodide should at once be discontinued for a short time, and subsequently resumed in some other form. For example, if iodide of potassium has been previously used, the sodic or ammoniac iodide should be tried, and that in half the former dose. Sometimes it happens, after taking long courses of iodide of potassium, that the stomach grows intolerant of the alkali, the tongue becomes white and furred, the stomach loathes food, and the syphilitic symptoms cease to show any abatement. This condition is often not comprehended by practitioners, who abandon the iodide (or are themselves abandoned by the patient), and take to mercury or some other drug, which in such a state of the alimentary canal can command no success. A dose of blue-pill and colocynth, with a few days' treatment with nitro-hydrochloric acid, and complete abstinence from alcoholic drink, will, however, speedily restore the appetite, clear the tongue, and render the patient again able to take the iodide. Mr. Hill has known a disordered stomach to make iodine inoperative, even when that drug had been taken for only a short time. In one case he was applied to by a medical man for advice about a very painful node on which iodide of potassium produced no effect. He found that the stomach was considerably deranged, and prescribed some simple remedy for its condition before making a further attempt with the iodide. Then, on the iodide being resumed, the patient was immediately relieved of the pain and swelling, which it had before failed to influence. Again, the use of iodine can sometimes be prolonged, after the system has tired of it, if combined with sarsaparilla, of which the most useful forms are, in Mr. Hill's opinion, the liquid extracts of Bell or Squire. One, two, or even three drachms should be given in half a pint of water, with the requisite dose of iodide, about midway between, or two hours after, meals. Ammonia very greatly assists the effect of iodide of potash in debilitated patients. It is a more valuable adjunct than the salts of iron even. Four or five grains of the sesquicarbonate may be added to the draught of iodide. Bromide of ammonium added to the iodide has apparently also a good effect in the nervous affections of syphilis. With regard to the form of iodide to be employed, the salts of potassium, sodium, and ammonium alone can be trusted to produce marked effects of iodine; but which of these is preferable Mr. Hill hesitates to decide. The taste of each of them is, perhaps, equally disagreeable; but the sodic and ammoniac forms, having smaller equivalents of alkali, furnish a larger amount of iodine, weight for weight, than the potassic. Empirically, he has not been able to detect any particular advantage in any one of these salts over the others. Either of them, if pushed too far, will produce iodism; and the same patient will at one time bear one better than another. He has not been able to detect any difference between the effects of these three salts, except that each is useful for ringing a change in cases where the use of iodine must be long continued.

The toxicological effects of iodine are various. That most commonly complained of is irritation of acne pustules in persons subject to that complaint. The appearance of this symptom always indicates a short course of acids; so do the dry, red tongue so well described by Mr. L. Parker, coryza, and the other decided signs of iodism. Flat papules and flat pustules of the skin are so rarely produced that they should never be waited for as a sign that iodine has been pushed too far. Nevertheless, Mr. Hill has seen them produced on two occasions when very few grains of iodide had been taken. The subjects belonged to a rare class, which appears to be constitutionally unable to take iodine in any form.—*Lancet*, March 4, 1871.

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Treatment of Palpitation of the Heart.—Dr. Fred. B. Nunnely states (*Lancet*, Feb. 25, 1871) that of all remedies, he has found the subcutaneous injection of morphia to be the most trustworthy; it nearly always alleviates, and very frequently cures, the complaint after a few repetitions. One-twelfth to one-tenth of a grain is a sufficient dose to begin with, and there is little occasion to exceed this quantity. The injection should be re-

peated every third or fourth day. Though the arm is the most convenient place to insert the needle, the injection is sometimes more effectual at the præcordia. When morphia fails, or is not tolerated, atropia may be substituted; but is not, I think, so useful. If the prick is objected to, the morphia may be applied to the derma denuded by a small blister raised with ammonia, as Trousseau recommends. The hypodermic application of morphia has the additional advantage of relieving pain.

Local applications are of great service. Belladonna and its preparations stand in the first rank of these. The ordinary belladonna plaster, of good size and renewed every week or ten days, is very convenient and effective. It presents three special advantages: it protects the chest walls, which are tender, from the pressure of the clothes, and seems to deaden the painful impulse of the heart; besides this, it impedes slightly the free movement of the parts, and thus obviates the muscular pain often present. Another good application is a mixture of equal parts of liniment of belladonna and of liniment of chloroform, sprinkled on cotton-wool. Hot linseed and mustard poultices are soothing, and are easily obtained.

—

Gastric Juice Enemata in Cancer of the Rectum.—Dr. D'Arpem, of Elba, has reported (*Lancet*, March 18, 1871, from *Imparziale* of Florence, March 1, 1871) a case illustrating the marvellous effects of this juice in cancer. The patient is a married woman, aged thirty-eight, who suffered, according to the author's diagnosis, from carcinomatous ulceration of the rectum and cervix uteri. After having controlled the uterine hemorrhage with perchloride of iron, Dr. D'Arpem was in doubt as to the treatment of the malignant ulceration, when he heard of the views of Professor Schiff on the subject. The latter had for some time advocated the use of gastric and pancreatic juice in cancer.

Being applied to, the professor furnished the author with artificial gastric juice, and advised injections into the rectum of about seven fluidrachms of the juice daily. Much pain was experienced from the first injection, but this was lessened by the use of some almond oil. The seven drachms were now divided into three parts, injected separately three times a day. This was continued for twenty days, when considerable improvement had taken place, both as regards the rectum and the womb. The patient was now so well as to be able to perform a journey with her husband, and on her return the cicatrization of the ulcer was complete. She had continued the enemata at longer intervals during her absence, and she now presented all the outward signs of health. Such are the facts related by the author. If the diagnosis were perfectly reliable, we might harbour the hope that the specific for cancer has been found. But the case is isolated, and does not present the proper guarantees as to diagnosis. Nor is it likely that numerous trials will be made in the same direction.

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Chloral Hydrate.—Dr. Richardson, in one of his recent lectures on experimental and practical medicine (*Lancet*, Feb. 11, 1871), made the following interesting observations on chloral hydrate, in reply to questions that are continually presenting themselves to the mind of the practitioner.

What is a dangerous and what is a fatal dose of hydrate of chloral? The largest dose I have known to be taken is one hundred and twenty grains. This dose produced a prolonged and dangerous coma, but recovery ultimately followed. I think we may consider a hundred and twenty grains, as a maximum dose for an adult, dangerous, but not of necessity fatal. Beyond a hundred and twenty grains the danger increases, and a hundred and eighty grains may be considered a dose that would prove, in the majority of cases, positively fatal.

What quantity of hydrate of chloral can be given with safety in divided doses during a stated period of time, say of twenty-four hours? Judging from the physiological effects of hydrate of chloral in relation to dose, and to order of phenomena in relation to time, I should infer that the body cannot decompose and throw off the hydrate more rapidly than at the rate of

ive to seven grains per hour. There e difference according to age of per- he temperature to which the body is ed after the dose has been taken, and rgeness of the dose, a small dose disposed of quicker in proportion a large one. But the variation is not as to alter materially the rate of from the estimate given. I should ler, consequently, that a hundred wenty grains, administered, even in ed doses, in twenty-four hours, would e safe limit of administration. In reatment of tetanus this proportion een exceeded, but not, I think, to the r of the patient; for the fact that ydrate of chloral overcomes or re- the spasm is no safeguard against rn poisonous effects. From what I , I conclude that the hydrate of al can be given to the extent of over- g the severest spasm; but if the be carried too far, with the determi- n of removing spasm at all risks, the es may easily be bought at the ex- of a fatal narcotism from the remedy. *es the frequent administration of hy- of chloral lessen or increase the danger e administration?* On this question I orced to state that the frequent ad- stration of the hydrate of chloral, gh it may suggest greater confidence on the part of those who take it, ases the danger from an excessive Hydrate of chloral differs from m in this respect, opium produces nic symptoms peculiar to itself, but dose may be steadily increased with- any immediate danger from the in- se. Hydrate of chloral cannot be used is accumulative way without danger. word, although a person may become tuated to hydrate of chloral, there is nitation of the quantity to be taken y, which limitation is not materially fied by persistence in the habit of g it, but rather the reverse.

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ath from Hydrate of Chloral.—Dr. H. ULLER reports (*Lancet*, March 25,) a case in which thirty grains of al twice produced alarming symp- and another in which the same dose ed death.

He concludes: Judging from what I have learned from various members of our profession, I believe that although fatal consequences may rarely follow a dose of thirty grains of the chloral hydrate, yet that unpleasant, if not dangerous, symptoms are not unfrequently experienced. Dr. Tuke informs me that in a man whom he saw suffering from the effects of intemperance thirty grains very nearly proved fatal, the symptoms of depression and failure of the heart's action being most alarming; and Mr. Fred. Webb, of Maida-vale, has given me the particulars of another case in which an elderly man very nearly lost his life from the effects of thirty grains. The faintness, pallor, and depression of the heart's action were excessive, and for some time Mr. Webb was in doubt whether he would be able to sustain the pulsations of the heart until the effects of the chloral had passed.

Doubtless these cases are quite exceptional, and are met with only in about the same proportion as cases of death from the administration of chloroform. But the facts I have cited are sufficient to prove that such cases are more frequent than is commonly supposed. Further, they inculcate the necessity for caution in the administration of the drug; and they point to the conclusion that thirty grains form too large a dose for ordinary use, and especially for a patient in whom the effects of chloral have not been previously tried. As a hypnotic in nervous restlessness, ten or fifteen grains ordinarily prove efficacious; and I have not seen or heard of any unpleasant symptoms following these doses. But the cases above recorded prove that larger doses, though usually harmless and often marvellously efficacious, are not unattended with risk; and now that the public are beginning to dose themselves with chloral, as they have done of late years with chlorodyne, this important fact cannot be too widely known.

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Metachloral. — Dr. RICHARDSON exhibited to the Medical Society of London (March 18) this substance. It is a white powder, insoluble in water and alcohol. It is believed by Dr. Richardson, from experiments made on the lower animals, to

possess mild narcotic properties. Metachloral is isomeric with chloral. It is produced when chloral hydrate is brought into contact with sulphuric acid. Chloral, also, may be changed into metachloral spontaneously when it is kept for a long time in a stoppered bottle, or when a quantity of water insufficient to produce the hydrate is added to it. Heat converts metachloral into the liquid chloral, which becomes the hydrate on the addition of a sufficient quantity of water. Owing to its affinity for water, chloral is a caustic, and Dr. Richardson thinks that this fact, taken together with that of its after soothing effects, may be turned hereafter to practical value. The specimen of metachloral exhibited by Dr. Richardson was prepared by Dr. Versmann by bringing chloral hydrate in contact with sulphuric acid at 140° Fahr. By treating it with alkalies, metachloral yields a formate and chloroform.—*Med. Times and Gaz.*, March 18, 1871.

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Deaths from Chloroform.—A patient had been admitted into the Royal Infirmary of Edinburgh for dislocation of the hip, which was being reduced when the fatal occurrence took place. At the post-mortem no organic lesion was discovered. —*British Medical Journal*, March 11, 1871.

In the *British Medical Journal* (March 25, 1871) is recorded the case of a man who was operated upon for fistula. About one drachm and a half of chloroform was administered on a cone of lint; during the operation the breathing and pulse suddenly ceased. All the organs of the body were found to be healthy, excepting that there was an immense amount of fat.

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Smallpox and its Prevention.—Dr. CRISP read before the Medical Society of London, at a late meeting, a paper on the above subject, which at this time is especially valuable and interesting. The subjoined are some of the conclusions arrived at by the author: That no deleterious effect is produced upon the human constitution by the introduction of cow-pox matter—an inference greatly strengthened by the fact that, since the introduction of vaccination, the population of the Uni Kingdom has nearly doubled. That g ernment hospitals should be establis in the metropolis, in suitable localit and provided with proper vehicles for conveyance of patients, and with pro heat-chambers for disinfection. T looking to the important fact that in years—1851 to 1860—42,071 deaths curred in England and Wales from sm pox, and that 37,007 of these deaths w in young persons under 18 years of a the recommendation given by the Pr Council and by the London College Physicians should not be followed, that where there is danger of infect children of all ages should be revac nated. That there is no sufficient rea why lymph, during the time of an epide when it is often difficult to procure, sh not be taken from adult persons, prov they are free from disease and the ves presents a normal appearance. T more extended observations are nec before we can come to the conclusion t the amount of exemption from small depends upon the number of marks up the arms from previous vaccination.

The general opinion in the professior distinctly opposed to the use of revaccin tion lymph at all, and the rule that has arisen is one which should genera be observed. Still there is no scienti reason why revaccination lymph shou not be availed of occasionally under t conditions mentioned by Dr. Crisp—vi 1. During an epidemic season (when, the way, revaccination appears to unusually successful). 2. When prim lymph cannot be procured. 3. When t vaccinifer is absolutely free from disea or constitutional taint. 4. (Most emph ically) When the revaccination vesi exhibits in its course and appearance the characters of a normal primary va cle. 5. On condition that the lymph taken about the sixth day, or before th is a trace of areola.—*Med. Times and Ga* March 11, 1871.

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Efficacy of Revaccination.—Dr. CARP TER, of Croydon, at a recent meeting of local Board of Health stated that at the cent outbreak of smallpox at St. Geor

Hospital, where seventeen cases occurred by contagion from a case accidentally admitted, and fourteen days after its removal, every servant, nurse, medical man, and student connected with the establishment was immediately vaccinated, and although the seventeen patients were treated in the hospital, not a single case occurred afterwards.

Again, that in his own private practice, and that of other medical gentlemen in Croydon, who being careful that their whole *clientile* were properly vaccinated, had not had a single person fall a victim to the disease.—*Med. Times and Gazette*, April 8, 1871.

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Heifer Vaccination.—It is stated (*Med. Times and Gazette*, April 1, 1871) that no one of any authority, that we know of, has advocated the substitution of heifer vaccination for vaccination from arm to arm in this country [Great Britain].

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Smallpox in India. — Dr. De Renzy, Sanitary Commissioner of Punjab, states that in that province, with a population of 5,000,000, the deaths from smallpox are never less than 20,000 a year. In 1869, they numbered 53,195. Contrast these terrible totals with the smallpox mortality of England, in which, with its population of 21,000,000, the average of smallpox deaths does not now exceed 5000 a year, though previously to the introduction of vaccination it was quite as high as it is now in the Punjab. But it is not merely in the saving of life that the benefit of vaccination consists. The amount of physical disfigurement caused by smallpox in the Punjab is enormous. Any person walking through the streets of a Punjab city is struck by the immense proportion of persons blind of one or both eyes—a calamity caused, in ninety-nine cases out of a hundred, by smallpox. Europeans, who, as a rule, are tolerably well protected by vaccination, suffer very little, though they live in the midst of a never-ending epidemic; and natives have everywhere remarked the immunity of Europeans from the injuries to the eyes and other disfigurements to which they are themselves so subject.—*British Medical Journal*, April 8, 1871.

Fibrous Tumour of Heart.—Mr. Wagstaffe presented to the Pathological Society of London an exceedingly rare specimen of probable fibrous tumour of the heart, which occurred in the practice of the late Mr. Nunn, of Lyndhurst. It was removed from the body of a child three months old. The child was quite healthy until a few weeks before its death, when it had occasional transitory spasms, in one of which it died suddenly. The tumour was situated in the substance of the septum ventriculorum. Microscopically, it appeared to be mainly composed of well-developed white fibrous tissue. Mr. Wagstaffe said there was only one case on record in the *Transactions* of the Society of a true simple tumour of the heart, and that was of a peculiar cystic form. He considered the specimen, therefore, unique. Its occurrence in a child three months old without interference with nutrition, and with such slight symptoms, made it a case of extreme clinical interest.—*Brit. Med. Journ.*, Mar. 11, 1871.

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Obituary Record.—We learn from the *British Medical Journal* (March 25, 1871) that among the victims whom the medical profession has furnished in connection with the recent Franco-German war, have been two men of more than common note —Professor Albrecht Wagner of Königsberg, who died at Dole on February 15th; and Professor Felix von Niemeyer of Tübingen, who has died lately at Nancy. The cause of death in both cases was typhoid fever, contracted in the discharge of duty. Dr. Wagner was well and favourably known in Germany for his works on the Resection and Regeneration of Bones (translated a few years ago by the New Sydenham Society), on Hydrophobia, Diabetes in connection with Carbuncle, Resection of Nerves, etc. Dr. Wagner had been attached to the army of General von Manteuffel as surgeon-general. The name of Dr. Felix von Niemeyer has become well known among us through the translations of his excellent *Text-Book of Practical Medicine* and his *Lectures on Phthisis*. He was Director of the Field Ambulance at Nancy. In the deaths of Wagner and Niemeyer, a great loss has indeed been sustained by medical science.

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Dr. Blandford's book well meets the prevail deficiency, and is one of that class, unhappily small, which prove a real blessing to the b practitioner who has no other time for read but those odd moments which he can catch in brief intervals of leisure. It is so free from fects and is so fair a representation of the m approved views respecting insanity, that we f in it small occasion for criticism, and can do tle more than commend it as an admirable man for practical use. We end as we began, in heart recommending it as a most useful and relia guide to the general practitioner.—*Am. Jour Med. Sciences,* April, 1871.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Common Diseases of the Breast. By CHRISTOPHER HEATH, F. R. C. S., Surgeon to the Hospital for Women, and Assistant Surgeon to University Hospital.

GENTLEMEN: The breast being one of the organs in close relation with the procreative organs of the female, its diseases come properly under the cognizance of the medical officers of a charity devoted to the diseases of women; I need not, therefore, make any apology for having selected these affections as the subject of this course of lectures. Although, for convenience sake, and by the general consent of the profession, the more severe forms of breast disease requiring local operative interference are allotted to the surgeon, yet the simpler though not less important affections more frequently come under the notice of the accoucheur, being often connected with some disturbance of the function of lactation. It must, however, occur to every one, whatever his department of practice, to be consulted occasionally with respect to conditions of the breast which have excited notice, and perhaps alarm, in the patient's mind; and it is most important that an early decision should be arrived at as to the nature of the affection in all cases, since the treatment, to be of avail, must be adopted before any great amount of structural alteration has taken place. Undoubtedly, pain in the breast is often but a symptom of uterine or ovarian irritation, and its relief can only be effected by attention to those organs; but I do not propose to enter into these questions, which have

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been already discussed by my colleagues, and shall confine my attention during the present course to those structural changes in the mamma itself which may be strictly classed under the term "diseases of the breast."

Omitting any lengthened allusion to those anomalies of development of the breast, as regards position of the organ itself, the development of an unusual number of nipples, &c., which are rather matters of curiosity than of practical importance, I will pass on to a condition of *atrophy* of the breast, which is a frequent cause of serious trouble to both patient and practitioner. I do not mean atrophy of the breast itself, for this is of rare occurrence, except that senile atrophy which is commonly witnessed with advancing years, but atrophy or want of development of the nipple, which is a not infrequent cause of inflammation, and consequent abscess, when the organ is called upon to fulfil its functions in nourishing a child. It has been laid down that this inversion or want of prominence of the nipple is the result of pressure from a tight corset or dress, but I do not believe this to be the case; I look upon it rather as a congenital malformation, and I venture to call your attention especially to it because I believe that but little notice is directed to it until often too late, whereas with care it may be remedied. Every one is acquainted with the enlargement of the breast and the development of the areola which take place in pregnancy, but it is not always remembered that the nipple is an erectile organ, and that its base is surrounded with a considerable quantity of involuntary muscular fibre, which, when properly developed, gives the healthy prominence to the nipples. If friction with oil, or any simple liniment, were systematically applied by primiparæ to their nipples during the later months of pregnancy, the vascularity of the nipple itself would be excited, the development of muscular fibre, and consequent projection of the nipple, would be stimulated, and the patient would be saved much worry from fruitless efforts to draw the nipple out after childbearing; and would, consequently, be much less liable to suffer from sore nipples and all their painful consequences.

That friction will, if prolonged, induce hypertrophy, not merely of the nipple, but of the breast itself, is shown by a case which came under my notice some years back, in which the lascivious manipulations of a lover, extending over many months, had resulted in a veritable hypertrophy of the whole organ. This simple *hypertrophy* of the breast—the existence of which has been denied by some authorities—is an undoubted fact, and seems to occur in young unmarried persons without obvious cause. Mr. Erichsen has recorded a case of the kind in a girl of fifteen, in whom the breast was greatly hypertrophied; while Manec, of La Charité, in Paris, met with one in a girl of seventeen, both breasts being affected, and weighing after removal 15 lb. and 17 lb. respectively.

I saw a similar case in the practice of Sir William Fergusson some years back, both breasts having grown to such a size as to be a burden to the patient, who gladly submitted to amputation, after having tried every other method of treatment unsuccessfully. It is the general experience in all these cases, I believe, that amputation is the only means of cure. In the first case I mentioned, where the hypertrophy was reasonably presumed to have depended upon sexual excitement, "clitoridectomy" was performed by a surgeon who at that time upheld that operation as a panacea for most female ailments, but without any benefit to the mammary enlargement. Whether unsuspected sexual excitement may have been the cause of the enlargement in other cases of the kind, I am unable to say.

It is, however, when the breast has to enter upon the function of lactation that it becomes of most importance pathologically; and I shall now proceed to speak of those disorders which occur during or after the completion of pregnancy.

And first of *Sore Nipples*. These may depend upon some peculiarity in the constitution of the mother, or state of the child's mouth, but are more frequently the results of simple want of care—first, in not preparing the nipple; secondly, in

caring for it during lactation; and thirdly, in leaving it too long in the child's mouth, the infant being permitted to sleep with the nipple in its grasp. The preparation of the nipple, particularly in first pregnancies, I have already mentioned; but the hardening of the delicate skin covering the organ by bathing it with weak spirit should not be omitted in every pregnancy. The care required during lactation is principally that the nipple should be dried after each period of suction; and when there is an involuntary flow of milk in the intervals, the use of a properly shaped breast-glass serves to prevent the nipple being constantly sodden by contact with wet under-linen.

That the tender, moist skin of the nipple may be infected by the secretions of the child's mouth is, I think, undoubted. Thus, a child with thrush in the mouth may induce a painful condition of the mother's breast; whilst a child labouring under congenital syphilis will very probably produce mucous tubercles on the breast of a healthy nurse, whose system may thus become infected. The communicability of secondary syphilis is so thoroughly ascertained, that it appears almost unnecessary to insist upon it now-a-days; and the examples of its communication from nursling to nurse have unfortunately been too frequent, especially in France, to admit of argument. Mr. Henry Lee holds that the natural secretions of the body, when the structures producing them are in a healthy state, cannot be the means of communicating syphilis to another person, although the patient from whom these secretions are derived be constitutionally syphilitic, and quotes (*Holmes's System of Surgery*, vol. i.) in illustration the case of a healthy woman who nursed a syphilitic child with *one* breast, and became affected with constitutional syphilis; whilst her own child, nursed with the *other* breast, remained healthy. This doctrine is, however, too doubtful to be implicitly relied on in practice, in my opinion. It would be the duty of a practitioner to refuse to sanction the placing of a confessedly syphilitic infant with any nurse, unless the latter fully understands and is prepared for the risk she undergoes; and should syphilitic symptoms develop after nursing has commenced, it should be immediately arrested, and the child be brought up by hand, rather than allow the nurse to become infected. When a mother is suckling her own child in which syphilitic symptoms develop, it is, I think, of small importance that she should continue to nurse it, for the poison is already in her system, and it will of course be necessary to adopt specific treatment for both mother and child. At the same time, it will be well to protect the nipple with a shield. I have no faith in treating the child through the mother's milk, any more than in the ancient plan of rubbing mercurial ointment into the udders of goats with a view to rendering their milk curative of syphilis. In the syphilitic infants the disease must be treated with mercury, and most satisfactorily by inunction.

In the treatment of the ordinary chapped nipple all sorts of nostrums have been advocated, but I have found nothing so satisfactory as a five-grain solution of nitrate of silver, carefully pencilled on with a camel's-hair brush after each act of suckling. The employment of spirit of nitrous ether as a vehicle, instead of water, has the great advantage of giving a lotion which dries rapidly, and which is not repelled by the greasy condition of the nipple. The use of a shield, if the child has an aphthous mouth, or is prone to bite, gives relief, but will not effect a cure without local medication.

The first effect of a soreness of the nipple sufficient to prevent the child being put to the breast is *engorgement* of the organ with milk. Under these circumstances the breast becomes distended and tense, and stands out prominently from the chest-wall. Soon, if unrelieved, the skin becomes œdematous, and inflammation will certainly ensue unless relief be promptly afforded. If the infant, or possibly an older child, can empty the breast through a shield used to protect the tender nipple, the urgency of the case will be at once relieved; but if not, some form of breast-pump must be employed, or recourse be had to gentle but steady pressure, with both hands embracing the

breast, and thus squeezing out the milk. Anything like violent manipulation of an engorged breast is much to be deprecated; but steady and even pressure will often give relief. It is certainly advisable to diminish the secretion of milk in the breast; and for this purpose nothing is so certain or satisfactory as the external application of extract of belladonna mixed with equal parts of glycerine. The effect of belladonna, freely applied in this manner, is not merely to relieve pain, but, by causing contraction of the capillaries, to diminish the quantity of blood in the organ and the amount of secretion.[1] In addition to the local remedy, means should be taken to act upon the bowels; and since cases of sore nipples frequently occur in females exhausted by over-suckling, the combination of tonics with hydragogue cathartics is very useful. The formula I generally employ is, sulphate of quinia, one grain; sulphate of magnesia, four drachms; dilute sulphuric acid, five minims; pimento water, one ounce: every six hours.

If engorgement goes on unrelieved for over twenty-four hours, inflammation is pretty certain to supervene, the constitutional symptoms of which are generally well marked: the patient's skin is hot, there is great pain and tension of the breast, the pulse is hard and frequent, and the tongue coated. If seen before the occurrence of a rigor, by which the formation of matter is generally announced, the treatment for this condition will be the same as that for simple engorgement, since one runs almost imperceptibly into the other. In addition to the use of belladonna locally, I have found the greatest benefit from the application of warmth and moisture by means of a linseed poultice placed over the belladonna; and it is most important that the breast should be thoroughly supported by a sling, or, what I prefer, a broad strap of plaster affixed to the shoulders, and carried below the organ. In debilitated patients, in whom inflammation of the breast is most generally seen, any local or general depletion is uncalled for; but the administration of the tincture of aconite, in frequent and small doses (two minims every two hours), will do much to relieve the feverish condition of the patient, and to promote a healthy moisture of the skin.

Suppuration is most common in the substance of the breast itself, though an abscess occasionally forms near the nipple, and still more rarely, at least during lactation, beneath the breast, in the connective tissue between it and the pectoral muscle. Since suppuration involves ordinarily only a portion of the gland-tissue, the secretion of milk goes on to a certain extent, and a child may even be put to breast in which an abscess already exists. The matter never finds its way along the lactiferous tubes to the nipple, for these are blocked by inflammatory deposit at a very early period, but it tends to burrow through the breast, and to inflict very serious permanent injury upon it unless early evacuated.

The diagnosis of an abscess deep in the substance of a breast is by no means easy in all cases; and the so-called *tactus eruditus* of the surgeon has no better opportunity for its display than in its detection. The period for which the disease has lasted, and the œdematous condition of the integuments, will justify an incision even when fluctuation may be doubtful; and, fortunately, a mistake is of little consequence, since the relief of tension by slight hemorrhage and draining away of serum consequent upon the incision will be as great as if matter had been evacuated. It is often difficult, at least in hospital practice, to persuade a patient to purchase permanent relief from all sufferings by submitting to a moment's infliction of pain; and I find it advantageous, in explaining the treatment to patient or her friends, to avoid most carefully the use of the word "lancing." A woman who protests loudly against being "lanced" will permit all that is necessary under the name of a "prick" or "puncture," particularly if the surgeon is prompt rapid in his movements, and avoids making any display of instruments, basins, &c. The knife I prefer for opening tolerably superficial abscesses is the ordi-

[1] See paper by author, "On the Employment of Belladonna in Surgical Affections," in the *Practitioner*, vol. i., 1868.

ne's abscess-knife, which, ape, allows a sufficient apidly made; but if the eep (and it is sometimes ; going deep enough), I straight bistoury or fin- ourse, the incision should pendent a position as pos- s in a direction radiating , so as to avoid dividing ucts.

no better treatment than a few days after matter ie breast; but over-poul- olonged for weeks—is condemned, since the reby kept up, and both ie part and the strength are weakened. Cases of breast which have been ally from the first not un- before the surgeon with nings, from which flabby trude, pouring out a con- y of thin, unhealthy pus nce of prolonged poultic- oper treatment is to take at once, to support the by strapping or bandag- sinuses with some simple n, such as the red lotion c, one grain; compound ender, one fluidrachm; ary, half a fluidrachm; ounce), and to dress each with water dressing and ; or, if the parts prove lotion of nitrate of silver, e fluidounce. It is sel- o lay open sinuses exten- east, though where there d insufficient openings to y be saved by laying them hloroform. At the same nust be paid to the gene- e patient; hectic symp- being checked by spong- ody with hot vinegar and by the administration of s in full doses with vege- , subsequently, the health by the administration of il, and resort to the sea-

The somewhat rare cases of abscess *behind* the breast are readily recognised by the way in which the whole mamma is thrust forward and made prominent. The matter, which forms rapidly in the connective tissue over the pectorals, has a tendency to gravitate, and thus fluctuation will be always most readily perceived at the lowest part. An early and dependent opening is necessary for the treatment of these cases, and in this situation I have availed myself with advantage of Mr. Hilton's suggestion to introduce a director through a small skin wound, so as to push the point up to the matter, which then finds its way along the groove. A pair of dressing forceps or scissors passed along the director, and expanded so as to open up a passage for the matter, saves all risk of hemorrhage.

The occasional formation of an abscess in the straight tubes around the nipple has been already alluded to, and is readily treated by a timely incision radiating from the nipple. Of a similar character is the chronic dilatation of one of the tubes with milk, due to obstruction of a duct, constituting what is commonly termed a *lacteal tumour*. This is an oblong, semitranslucent swelling, which gives little inconvenience unless it becomes very tense. Occasionally a little steady pressure upon it will remove the obstruction from the mouth of the duct, and thus allow of its evacuation; but more frequently an incision is required so as to allow of the sac granulating up from the bottom.

Suppuration may occur in either the female or the male breast as the result of injury, as I have myself witnessed, and is occasionally seen in the breasts of infants of either sex, as the consequence of foolish squeezing of the part by the nurse, who has noticed the not uncommon existence of a small amount of secretion from the nipple soon after birth. A more puzzling event is the occurrence of a *chronic abscess* in the female breast, either as the consequence of injury, or more frequently in connection with pregnancy terminating in an abortion. The formation of the abscess is very slow, and, the wall being usually thick, it is not easy to detect fluctuation. I have seen such a case mis-

taken for a solid tumour and removed by a very excellent surgeon. In all doubtful cases the exploring trocar should be employed to clear up the nature of the case; and, in fact, as I shall have occasion to mention later, it is always safer to make an exploratory incision into any tumour before removing it, unless the nature of it is perfectly well ascertained beforehand. The treatment of chronic abscess would consist in thorough evacuation by a free incision, with careful after-dressing to insure perfect healing.

I will conclude this lecture by calling your attention briefly to two somewhat uncommon affections of the *skin* of the mamma, of which I happen to have seen examples myself, but which are not necessarily confined to this region.

The first is that curious disease of the sebaceous follicles of the skin known as "molluscum contagiosum," and most frequently seen in children. In the excellent plate of this disease published by the New Sydenham Society, which I now show you, it is drawn from nature on the face and particularly about the eyelids of a child, and also on the breast of the mother. I happen to have met with an almost precisely similar case; and I have no doubt myself as to the communicability of the disease from the child to the mother, and possibly *vice versâ*. The treatment of this form of molluscum is fortunately sufficiently simple; for, with the nails of the finger and thumb, the cyst with the contents of the sebaceous sac can be readily evacuated, and in a few days all trace of the growth will have subsided. The extruded pellet consists of sebaceous matter in a cyst, which is shown in a magnified form in the plate before you.

The other much rarer disease is the true keloid of Addison—morphœa or scleriasis of the skin—of which I am glad to be able to show you an example. The patient, a healthy woman, aged thirty-one, came under my notice two years ago, complaining of great pain about the breast; and I then found the peculiar hardened patch of skin, resembling somewhat a scar, which is characteristic of the disease. Various remedies were tried to relieve the pain, without much benefit; and I had the advantage of consulting the late Mr. Charles Moore upon the case, and he was inclined to regard it as a development of scirrhus. This is not the case, however, for the patient is now much as she was when I first saw her. In Dr. Addison's original paper (republished by the New Sydenham Society) will be found a very similar case reported by Mr. Birkett, in which a patch formed in the axilla and breast, accompanied with a good deal of pain, and in which no treatment gave any permanent relief.—*Lancet*, May 6, 1871.

HOSPITAL NOTES AND GLEANINGS.

Notes on the Medical Treatment of Fibrous Diseases of the Uterus beyond Surgical Interference.—Dr. J. Braxton Hicks, of Guy's Hospital, considers that the medical treatment of fibrous tumours may be divided into—1, the promotion of absorption; 2, the restraint of their growth; 3, the promotion of expulsion; and 4, restraint of the bleeding which they cause. 1. Regarding absorption, Dr. Hicks confesses that he has never seen anything which could encourage one in the expectation of this result. He has given iodine and bromine, and bichloride of mercury, numberless times, without any diminution in the size of the tumour. He thinks those cases where absorption has been said to have occurred must have been, with few exceptions, erroneously diagnosticated. But 2, with regard to the restraint of the growth of fibrous tumours, he thinks that he has noticed fair results from the employment of iodides and bromides, given, of course, over a considerable period. When the effect of these remedies on the testis and ovary is considered, it is not difficult to understand how these, by checking the impetus to the ovaries, tend to lessen the general engorgement and activity in the sexual organs. To this treatment should be added the recumbent posture during a portion of the day, and the avoidance of all kinds of pressure from external parts. 3. Sometimes much may be done to promote their expulsion by the careful administration of ergot. It may be given in doses of ten grains to half a drachm

ce daily, infused in boiling water, hen drank, dregs and all. It may ıtinued for two or three days every ıly epoch; and it is of much service ɜ time where severe hemorrhage is ıt. Dr. Hicks has seen more than an intermural fibroid converted into 'pus, and thus rendered capable of removed. It is well known that i have been expelled and dissevered e action of the uterus alone. Ergot ıses this power of the uterine force. ıg pain is very likely to be caused reased by this drug; but that is, of ɔ, necessary. 4. The other medical ıent which may be necessary in a f fibroid tumour of the uterus is to in the blood-loss. Recumbent pos- ɔf course, is very essential during ɔss. The hæmostatics which Dr. has found most reliable are gallic nd ergot. Gallic acid is not of much ıder twenty-grain doses two or three daily, and secale in ten or fifteen ı at the same frequency. He has that gallic acid, given during the ıls of bleeding, is very useful, ɜd with cinchona, quinia, or other tonics. Where much anæmia is ɜt, he has found it well to give iron- combined with gallic acid, twice a during the interval, changing to or full doses of gallic acid at the ıod." The mixture is something nk, but it is clear. Its formula is, rain of sulphate of iron, ten grains ılphate of alumina, ten grains of acid, five minims of dilute sulphuric and five minims of chloric ether, in ınce of peppermint-water. However, e digestion be feeble, some of the ler kinds of chalybeates may be ı, and the astringents at the monthly ıds. Sometimes the hemorrhage is eat that one or even two periods are nt; in this case, iron is indicated, but ımission is desirable as soon as the rning colour of the lips shows the ovement of the blood. There is her point which it is desirable not to look—namely, the state of the bowels portal system. Constipation and estion of the veins of the lower bowel very apt to increase uterine hemorrhage. The quietude necessary or imposed in this class of cases is very apt to produce this engorgement. Therefore, although strong purgatives are to be avoided, gentle laxatives are of much value. Dr. Hicks cannot say that he has seen much benefit from cannabis Indica, lately recommended in these cases.

Dr. Alfred Meadows, of the Hospital for Women, in regard to the mere drug-treatment of fibrous tumours of the uterus which do not admit of surgical interference, feels very strongly that the sooner we abandon all idea of curing them, or of diminishing them by one hair's breadth, through any supposed absorptive power of medicines administered either by the mouth, by the skin, or by the vagina, all of which he has seen tried again and again, the better, in his opinion, will it be not only for our patient's health and comfort, but for our own credit and reputation as honest men and scientific physicians.

Mr. Spencer Wells objects to the term *fibrous*, as leading to erroneous ideas as to the nature and possible changes in these growths. Whether they are outgrowths from the peritoneal surface of the uterus, or are imbedded in the uterine wall, or project as ingrowths into the uterine cavity, they are simply excessive developments of the unstriped muscular fibres of the uterus, with more or less connective or cellular tissue. They contain little or no fibrous tissue; and though, from their appearance, they may not improperly be termed *fibroid*, they cannot be *fibrous*. Virchow's term *myoma uteri* is the more correct appellation. And this is not a mere word-quibble. Nobody could expect a fibrous tumour to disappear spontaneously; whereas any one who considers for a moment how the uterus grows during pregnancy and shrinks (by involution) in the few weeks after delivery, can easily understand how rapid may be the growth of the muscular fibre of the uterus; how the cellular spaces between the fibres may become filled with serum; how rapidly this may be absorbed; and how the muscular fibres themselves may cease to grow, may become atrophied, or may undergo a process of involution

similar to that which occurs after delivery. Mr. Wells is astonished to find doubts expressed as to the fact of disappearance of these growths. He can only explain these doubts by the juvenility or limited experience of the observers; for he has seen quite a series of cases, where diagnosis has been beyond question, having been confirmed by such men as Farre, West, Priestley, and Oldham, and where there has either been complete disappearance, or such a diminution as to reduce a tumour, burdensome from its size, to insignificant proportions. This is not seen in young women, is rare during active uterine life, but is not at all infrequent after the cessation of the catamenia. Whether medicines have or have not much or any influence over these degenerative or atrophic changes, is quite another question; but Mr. Wells thinks he has seen enough to convince him that they have very considerable influence, provided the remedy be adapted to the case. In those cases where the tumour is elastic, probably more cellular than fibroid, with a good deal of fluid infiltrating the cellular interspaces, varying a good deal in size according to the feelings of the patient, and confirmed by the measurements of the medical man, Mr. Wells thinks that the bichloride of mercury with bark is often followed by remarkable diminution in the size of the growth—sufficiently often to place the remedy and the diminution in a closer relationship than accidental coincidence. Where there is much irregular bleeding, he agrees with Dr. McClintock in regarding chloride of calcium as of great value. He has suggested the calcification of the growth, or of the nutrient arteries, as a possible explanation of its *modus operandi;* but does not attach much importance to the question whether this may or may not be true, if the clinical fact is established that patients who have been losing much blood cease to do so after they have taken the chloride of calcium. The really important matter is to ascertain in what cases it will do good, and when it is useless. Where bleeding has more the character of menorrhagia—excessive loss at the regular menstrual periods, not irregular floodings—Mr. Wells has more confidence in the *vinca major* than in lime, gallic acid, or ergot. He was told of it by Mr. Squire, and prescribes it in the form given in Mr. Squire's version of the *Pharmacopœia*, who now makes a liquid extract from the leaves of the plant—the well-known greater periwinkle of our shrubberies. The plant is so common that we hope much larger experience as to its use may soon be obtained.—*Brit. Med. Journ.*, April 8 and 15, 1871.

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Two Cases of Abscess in the Mastoid Process; Perforation of the Bone.—Case 1. E. F., six years of age, was admitted into Charing-Cross Hospital, under the care of Mr. BARWELL, with a history of severe pain in the head, which had the effect of sometimes driving her "half mad," and at other times of producing stupefaction. She had the appearance of having borne a great deal of suffering, and looked ill; the left ear emitted a thick discharge; the corresponding mastoid process, of which the skin was shining and reddened, was slightly swollen and exceedingly tender; the left side of the pharynx was also somewhat reddened and swollen. On the evidence of these symptoms Mr. Barwell decided to pierce the bone from behind the ear. A T-shaped incision was made over the mastoid process, and the two flaps were reflected. On the surface of the bone being then gently probed with the point of the knife, a soft spot was discovered, at which an opening was drilled with a pointed gouge. Through this some thick dark-coloured pus escaped, and some fragments of necrosed bone were removed. Mr. Barwell then scraped the carious portions of the bone until healthy tissue was reached, and plugged the wound with a piece of lint dipped in carbolic-acid lotion.

Two days later the child was free from pain and had lost her suffering appearance. She was ordered ten grains of chlorate of potash three times a day, and was shortly afterwards discharged with instructions to keep the wound open with a plug of lint, and to attend frequently at the hospital. These injunctions she did not, however, obey, and

twelve days after the operation, when she was induced, by a return of the pain in the head, to visit the hospital, the wound was found to have closed. It was reopened with a probe, and its potency was maintained by means of a nail-shaped plug of gentian-root until the thirty-sixth day after the first operation, when every indication for its continued use had disappeared.

In reference to this operation, Mr. Barwell said that abscess in the mastoid process was not an uncommon disease of childhood. It first found vent into the tympanum through the natural opening, but, on account of the insufficiency of this passage, it also made itself a way into the meatus externus. Sometimes the bone would become more and more affected until at length the cerebral surface became involved, and then inflammation and abscess of the brain were liable to follow. Another danger, which the proximity of the lateral sinus would explain, was the supervention of pyæmia. The position of the canal also necessitated the exercise of great caution and gentleness on the part of the operator, lest he should plunge the instrument through the inner table of the skull, more especially as in children the tissues of the mastoid process are soft, and of less comparative depth on account of the non-development of the mastoid cells.

Case 2. The second case is of greater interest, on account of the patient having reached the comparatively mature age of forty-seven, and as the premonitory symptoms were accompanied by profuse epistaxis, for which the patient, Martha B——, was admitted some weeks before the nature of the disease could be clearly made out.

On the occasion of her first admission, the posterior nares were plugged by the house surgeon, Mr. Towt, and large doses of the sesquichloride of iron were administered. The patient was a stout, well-made woman, with a rather puffy face; but no evidence either of kidney or heart disease could be detected. She stated that for some weeks previously she had suffered from occasional epistaxis, and "flying pains" in the head and neck, and that during the night a clear limpid fluid exuded from her left ear. A careful examination of the fauces, nares, and occipital regions threw no light on the cause of her symptoms. The hemorrhage returned twice during her stay in the hospital, and on the forty-third day she was discharged in an improved condition. About six weeks later she was readmitted with intense pain in the left side of the head, and difficulty in swallowing. The skin over the mastoid process was found to be tumid, red, and very tender. The left side of the pharynx was similarly affected. It was decided to operate in this case as in the preceding one, except that an instrument of rather larger size was employed. A large quantity of pus and several small pieces of necrosed bone were liberated. The patient made a rapid and uninterrupted recovery, and left the hospital twenty-four days after the performance of the operation.—*Lancet*, April 29, 1871.

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The Influence of Vibriones on Vesical Discharges.—A middle-aged man came under Mr. Simon's care at St. Thomas's Hospital, suffering from stricture of the urethra, and a purulent catarrhal discharge from the bladder, which rendered his urine peculiarly offensive. The urethra was first dilated in two successive operations by means of Holt's instrument, and then the bladder was daily washed out with a solution of quinia through a double-current catheter. Under this treatment the urine became clear and free from offensive odour in a few days, and the patient, from being obliged to rise as many as fifteen times a night to micturate, became able to hold his water so well that he needs to leave his bed no more than once or twice within the same space.

Referring to this patient, Mr. Simon said that the presence of vibriones in a purulent catarrhal discharge from the bladder coincides with an exceedingly foul and offensive condition of the vesical evacuation, which ceases to exist when the destruction of these bodies is effected. That object is attained most readily by injecting into the bladder a solution of quinia. Mr. Simon makes use of the hospital solution, which contains two

grains to the ounce. He recommends that nitric acid should be the solvent employed, and that a drop of acid should be added in excess of neutralization.—*Lancet*, April 8, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Double Conception.—The following remarkable case is recorded (*Boston Medical and Surgical Journal*, April 18, 1871) by Dr. E. CHENERY. A woman, æt. 40, came under his care for inflammation and hypertrophy of the cervix uteri, originating in her first confinement twelve years before. She was successfully treated, and about six months after her cure she became a second time pregnant, and experienced no unusual symptoms till about the fifth month. "At this time, without any known cause, she was taken with pains and bleeding, threatening an abortion. Sedatives and rest were enjoined, resulting in relief for a few days. The symptoms returned, and, being unable to see the patient, another physician was called. Opium and tannin were given. During the night I received another call, when I found that the pains had returned, and the hemorrhage was profuse. She had passed nearly a chamber-vessel full of blood and clots, among which I found a fœtus, with its transparent membranes entire, and altogether of about the size of a common open-face watch. The womb was dilated, and another and much larger fœtus was lying with its head entirely escaped from the os, pushing its unbroken vestments before it. Supposing, of course, that miscarriage of this also must take place, I caught the head between my finger and the wall to bring it into the world, when it slipped from my hold and escaped back into the womb beyond my reach. I had never seen a case where the fœtus survived such a copious flooding, and, to save further trouble, I gave a dose of ergot to finish the delivery. To my great surprise, the womb contracted, the hemorrhage ceased, and the patient recovered."

Dr. C. says that one of the fœtuses "bore the marks of about eight weeks, and the other of twenty. One was expelled with all the appearances of life and freshness up to the time; while the other was retained, and apparently unharmed, notwithstanding the excessive hemorrhage and the extensive separation of its membranes from the womb. With this last the mother was confined at term."

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Hiccough Cured by Chloral.—Dr. P. F. WHITEHEAD (*Medical Record*, April 1, 1871) has recently prescribed for a patient with hiccough, which had continued for thirty-six hours. Various remedies were used with but little good effect, save temporary cessation by the use of morphia hypodermically. Thirty grains of chloral gave immediate and permanent relief.

The above is confirmatory of the observation of Dr. T. L. LEAVITT (*American Journal of the Medical Sciences*, April, 1871, page 363) on the power of chloral in controlling this, oftentimes distressing, affection.

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American Medical Association.—The twenty-second annual meeting of the Association was held at San Francisco, May 2d, 3d, 4th, and 5th. Dr. Alfred Stillé, of Philadelphia, presided. The Committee on Prize Essays reported in favour of awarding the prizes as follows: First prize, to E. R. Taylor, M.D., of California, for essay upon the "Chemical Constitution of the Bile." Second prize to Benjamin Howard, M.D., of New York, for essay upon "The Direct Method of Artificial Respiration for the Treatment of Persons apparently Dead from Suffocation, from Drowning, or from other Causes." The following officers were elected for the ensuing year: President, D. W. Yandell, M.D., of Kentucky; Vice-Presidents, Thos. M. Logan, M.D., of California, C. L. Ives, M.D., of Connecticut, R. M. Mitchell, M.D., of Alabama, J. K. Bartlett, M.D., of Wisconsin; Assistant Secretary, D. Murray Cheston, M.D., of Pennsylvania; Librarian, F. A. Ashford, M.D., of D. C.; Treasurer, Caspar Wister, M.D., of Pennsylvania. The next annual meeting will be held in Philadelphia, on the first Tuesday in May, 1872.

te Medical Society.—The nine-nal meeting of the Iowa State ciety was held in Des Moines and 20th of April, 1871. The from all parts of the State was large, and papers and reports nd the discussions were of more ry interest. The greatest har-ood-will prevailed throughout

wing persons were unanimously cers for the ensuing year: Dr. A. G. Field, of Des Moines; lent, Dr. J. M. Robertson, of Recording Secretary, Dr. nawalt, of Des Moines; Cor-Secretary, Dr. J. F. Ely, of ds; and Treasurer, Dr. J. W.

meeting of the Society will be s Moines, the first Wednesday 72.

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y of Pennsylvania.—D., HAYES D., Professor of Clinical and tive Surgery in this institution, lso appointed to the chair of and Practice of Surgery, ren-nt by the resignation of Dr. Smith.

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f Physicians of Philadelphia; tureship.—Dr. J. SOLIS COHEN ppointed to deliver the annual lectures provided for by the the late Dr. Mütter. The sub-the Surgical Affections of the es.

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rren Prize.—It is announced rize has been awarded by the Massachusetts General Hospi-HORATIO C. WOOD, of Philadel-is essay on Nitrite of Amyl.

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Medical and Surgical Journal.—al, the publication of which had ntinued for the past three years, gain revived, and the first No. h volume is on our table. We are in restoring it to our ex-. It is edited by W. F. West-M.D., Prof. of Surgery, and J. reland, M.D., Prof. of Materia Atlanta Medical College.

Monstrosity.—The Ischiopage monster described in the number of the *American Journal of the Medical Sciences* for January last, is still living, having attained the age of nearly eight months, and is now in Philadelphia. It was recently exhibited to the medical class at the University of Pennsylvania, and was the subject of an interesting clinical lecture delivered by Dr. Wm. Goodell.

FOREIGN INTELLIGENCE.

Therapeutic Value of Iodine in the Treatment of Syphilis.—Affections of the nervous system, due to syphilis, are always, according to the experience of Dr. BUZZARD of the National Hospital for the Paralyzed and Epileptic, either connected with its tertiary stage or ascribable to hereditary taint. And when the patient's history is investigated, it is, in the first of these cases, more common, on the whole, to find that no secondary symptoms were observed than that these have been well marked. Not only is this the case with hospital patients, in whom an error of observation is of course probable, but also with persons occupying a superior position in life, who would have been highly sensitive to the occurrence of the skin eruption, iritis, loss of hair, or sore throat, if they had been affected by such symptoms. As regards the previous administration of mercury for the primary affection, Dr. Buzzard finds that this, more often than not, has been carried to the point of salivation. The nervous affections belonging to the tertiary stage are very numerous, and their diagnosis is frequently very obscure, but for our present purpose they may be briefly enumerated as follows: Affections of the coverings of the brain, with or without lesion of the cerebral substance, and giving rise to epileptiform attacks, hemicrania, nausea, vertigo, or hemiplegia; optic neuritis; general paralysis and dementia; neuralgia; paraplegia; paralysis of one or more of the cranial nerves or of spinal nerves; progressive locomotor ataxy. It is not common to meet with well-marked tertiary symptoms affecting remote structures in cases of nervous affection due to syphilis. Occa-

sionally, no doubt, patches of psoriasis may be observed, or serpiginous ulcers present themselves and aid the diagnosis, or a cellular node is to be found on one of the lower extremities, the cranium, or the sternum; but as a general rule such evidences are wanting. And so also in regard to the general aspect of the patient, every variety may exist, from the appearance of good health to a state of extreme cachectic debility. It is perhaps in the latter class of cases that iodine treatment is most efficacious. In all cases there is a great tendency to relapse.

In all cases of nervous affection due to syphilis, Dr. Buzzard is in the habit of employing the iodide of potassium, at least in the commencement of the treatment. He has found no reason to prefer the salt of any other base; and believes that any good to be obtained by the use of iodine may be most conveniently arrived at by the employment of this salt. Its effects, however, are subject to remarkable varieties. Acting like a charm in a number of cases, it is very disappointing in others which, nevertheless, present good grounds for the belief that they are of a syphilitic character. The duration of the symptoms before specific treatment is commenced is probably the most important element in this variation of results. Where the patient is seen early, and the diagnosis of syphilis rapidly acted upon, it would seem that the neoplasm is removed from the connective tissue in which it is deposited ere there has been time for the nerve-structure proper to have become seriously damaged. However severe may be the symptoms—complete paralysis of one or more cranial nerves, the occurrence of violent epileptiform seizures, or more or less complete paraplegia—if these depend, as they frequently do in the earliest period, upon simple pressure exerted by the effused gummatous products, the absorption of these, under the influence of iodide of potassium, sweeps away the grave symptoms with remarkable celerity. But where, owing very often to want of recognition of the cause, valuable time has been lost, softening of nerve-structure has taken place from the pressure of gummata, or sometimes from inflammation and consequent obliteration of arteries. Under such circumstances the use of iodide is but limited. A certain amount of improvement will take place, and then the symptoms will remain stationary in spite of the continued employment of the drug. But even in such instances the continued use of the iodide will often be of great benefit; for it appears able to prevent the extension of disease to other and possibly more important parts of the encephalon or spinal cord.

Various as are the lesions of the nervous system resulting from syphilis—pain, convulsion, paralysis of motion or of sensation, and muscular atrophy—there is not, Dr. Buzzard thinks, sufficient evidence as yet to show that one of these symptoms is *primâ facie* more likely to be beneficially influenced by iodide than another. In all the causative disease has to be treated, not the symptoms. Let there be a reasonable probability that any of these phenomena owe their origin to the presence of a syphilitic taint, and, if time has not elapsed for irreparable damage to be sustained, the use of the iodide is indicated, and will certainly be of the greatest service. And it seems likely that the explanation of this universal utility depends upon the fact that, at least in the first instance, the tissue affected in these various conditions is the same. It is the connective tissue in which the pathological changes occur, and wherever this may be situated, the disease in it will be amenable to the same treatment. Early diagnosis is everything in these affections. A patient may present himself suffering from very slight seizures which he calls "faints"—indescribable sensations which are scarcely, if at all, noticed by an observer. These are often of syphilitic origin; and if their cause is mistaken, and a routine treatment (of bromide of potassium, for example) be adopted, they will rapidly increase in severity till violent epileptiform seizures take place, and possibly a hemiplegic condition supervenes. But a few grains of iodide of potassium administered daily will clear these "faints" away as by a charm, and, judiciously continued, will obviate the tendency to further mis-

chief. The same thing occurs with the numerous cases of paralysis of one or more cranial nerves, that are so frequently of syphilitic origin.

As regards the mode of administration, Dr. Buzzard is ordinarily accustomed to commence with a dose of ten grains of the iodide, taken in water three times daily, and increased, if it appear necessary, at intervals of a few days, to fifteen, twenty, twenty-five, thirty, forty, or sixty grains. Upon the symptoms disappearing, he does not altogether suspend the use of the drug, but continues it in a moderate dose for weeks, sometimes months, and occasionally for years, withholding it now and then for a few weeks, and administering mineral acids, or iron, if anæmic symptoms be present. It is worth remarking that intelligent patients who have taken much iodide learn to judge from their sensations that a return to it is advisable, when they have discontinued it for some time. There are, doubtless, exceptional cases in which the iodide of potassium causes distress; but as a general rule it may be taken, with occasional intermissions, for months or even for years without injury or discomfort. Dr. Buzzard is not disposed to think that the addition of mercury is of service in tertiary syphilis affecting the nervous system; but he considers it useful in the case of children suffering from hereditary taint in whom nervous phenomena are present. His experience does not show him that any advantage is to be gained, as a general rule, by the addition of ammonia or of bitter tinctures to the iodide, which he prefers administering alone in a little water midway between meals. In certain cases, however, of continued epileptiform seizures, having a syphilitic origin, he finds that the combination of the bromide of potassium, in twenty- or thirty-grain doses, with five grains of iodide, two or three times a day, is attended with advantage.—*Lancet*, March 11, 1871.

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Essence of Turpentine in Parasitic Disease of the Head.—Dr. ERLACH, of Berne, remarks (*Giorn. Ital. delle Mal. Venere*, Nov. 1870) that in order to destroy parasites, which are the cause of several diseases of the hairy scalp, Küchenmeister recommended the application of alcohol, which retards the development of spores and mushrooms. Experience has shown, however, that the action of alcohol does not extend to the fungi that are found in the hair follicles. Tincture of iodine acts better than alcohol; nevertheless, the treatment by this remedy does not last more than three months, even in the most favourable cases. He has found, however, that the application of essence of turpentine by means of a brush is more certain and rapid than all other methods of treatment. He believes he has thus cured a case of herpes tonsurans in seven weeks; several cases of mentagra in a week.—*Practitioner*, April, 1871.

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Solution of Ammonia in Delirium Tremens.—The efficacy of ammonia in drunkenness naturally suggests its employment in delirium tremens, which is only a prolonged attack of drunkenness, and it has recently been employed with good effects in heroic doses by Dr. GOUAMIER. (*Gaz. Med. Lomb. et L'Imparziale*, Jan. 1, 1871.) One of his cases was a robust man, forty-five years of age, whose limbs were in a constant state of agitation, with sleeplessness and a sub-delirious state. Dr. Gouamier prescribed an ounce of strong infusion of valerian root, and thirty drops of solution of ammonia, edulcorated with simple syrup, to be taken every two hours; after five doses, sleep supervened, and the agitation of the limbs was effectually cured.—*Practitioner*, March, 1871.

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Sulphate of Quinia in Obstetric Practice.—Dr. MONTEVERDI considers (*Nuova Lig. Med.*, No. 4, 1870) that he has discovered new properties in this salt. According to the author, it acts not only as a general tonic, but also directly on the uterus, causing contractions which lead to the expulsion of fœtus and placenta. In this respect, the quinia is thought greatly superior to ergot, as it does not, like the latter, act injuriously on the fœtus; nor is this all, as the quinia may be used in cases of narrow pelvis, undilated os uteri, and before the escape of the amniotic fluid. It may also be given in the hemor-

rhage occurring in pregnant women, in amenorrhœa depending on a torpid state of the uterus, and puerperal fever.—*Lancet*, April 29, 1871.

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Puncture in Anasarca.—Dr. Handfield Jones communicated a paper on this subject to the Clinical Society. He advocated making a single puncture in the calf of each leg with a trocar, and, after withdrawing the stilettes, leaving the canules open for several hours, to allow the fluid to drain away. In this manner he succeeded in the first operation in drawing off sixty measured ounces of fluid from the right leg, but only ten from the left, in consequence, he supposed, of the canula not lying properly in the subcutaneous cellular tissue. In a second operation on the same man, three days afterwards, he drew off one hundred and twenty ounces of fluid, besides a great deal which ran from the puncture for several days afterwards, sufficient to saturate three blankets. For the performance of the operation, the man was placed in a sitting posture, and this he considered important, as it facilitated the draining away of the fluid.—*Practitioner*, April, 1871.

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Resection of the Elbow-Joint.—A case which showed how great the amount of motion attainable after resection of the elbow-joint may be, was exhibited a few evenings since to the Medical Society of London by Mr. J. D. Hill. It was that of a man, aged thirty-two, who had sustained a compound comminuted fracture of the olecranon, about four years ago. An attempt to save the joint failing, the operation of resection was practised a month after the receipt of the injury, and the case rapidly recovered, with good motion at the end of three months. The man has now complete control over the brachial muscles, the power of flexion and extension being very good, and supination and pronation nearly equal to those of the other limb. He can carry a bucket of water, use a saw or hammer, and write a good hand. In the operation a long straight incision was made at the back of the joint; the attachments of the brachialis anticus and of the biceps were carefully preserved; a chain saw was used to [illegible] from within outwards, to avoid disturbance of the soft parts; and the limb, after operation, was placed upon interrupted re[illegible] angular splints, so that the ends of the bones were kept apart during the healing process. The case shows how readily free movement can be obtained when the muscles can be brought into action soon after operation, before they begin to waste and whilst the new interosseous texture are yielding.—*Lancet*, April 22, 1871.

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Ivory Exostosis of the Sclerotic.—Mr. W. Spencer Watson exhibited to the Pathological Society of London (Feb. 7, 1871) a small ivory exostosis, which he had removed from the upper and outer quadrant of the left eyeball, where it was attached by a cartilaginous base to the sclerotic, midway between the external and superior recti. No similar case is on record, but it is possible that some of the recorded instances of ivory exostosis in the orbit of large size may have originated in small growths similar to the one exhibited.—*Med. Times and Gaz.*, Feb. 18, 1871.

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Smallpox.—The number deaths in London for the weeks ending March 4, 11, 18, and 25, were respectively as follows, 2[illegible] 194, 185, and 205, and for the week ending April 1, 8, 15, 22, and 29, were respectively 192, 214, 265, 276, and [illegible] These statistics show a slight diminution in the mortality of the epidemic in March with a large increase in April. Not only has smallpox been making considerable advances in London in April, but it is stated that the character of the cases has been assuming greater virulence.

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Death from Chloroform.—At the Swansea Hospital, a few days ago, a clog-maker named Barrett, died under the influence of chloroform. Three weeks ago he fractured his leg, and, amputation being considered necessary, the preparations were made, with his consent. Before the operation commenced, and while inhaling chloroform, he died.—*Lancet*, April 1871.

Preservation of Pepsine.—Dr. LIONEL BEALE writes to *Nature* to the effect that the means hitherto adopted for preparing pepsine for medical purposes are clumsy and inefficient. Dr. Beale, however, claims one exception, a process described by himself in 1858. It simply consists in quickly drying the mucus expressed from the pig's stomach glands upon glass plates. The dried mucus is then powdered and kept in stoppered bottles. It retains its properties for years. Eight-tenths of a grain will dissolve *one hundred grains* of coagulated white of egg. From this powder is easily prepared by solution in distilled water a perfectly clear and colourless digestive fluid of great activity, which *can be readily filtered.*—*Med. Press and Circ.*, March 1, 1871.

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Lifelike in Death.—ROSSBACH, in a late number of Virchow's *Archiv* (Band 51), has given an interesting account of numerous cases of sudden death on the fields of Beaumont and Sedan, in which the bodies of those killed retained the position and the expression of face present just before death. In one case, a group of six French soldiers were killed by the explosion of a single shell as they were breakfasting in a slight hollow. The shell had struck one of them sitting in the middle full in the back, where it was partly lodged; the fragments had torn away his thighs and buttocks, and killed his comrades. From one of them the skull was carried off, while the face still retained the expression of laughter at the joke of a companion. The next one to him still held, delicately raised to his lips, between the forefinger and thumb, a tin cup, from which he was about to drink, when the explosion had taken off the whole of the upper part of the face and head. The close manner in which they were seated together had prevented the bodies from falling after the lapse of twenty-four hours. In another case, a soldier, shot through the breast, lay half reclining on one side, with the photograph of his wife or lover held up straight before him. Rossbach cannot admit that in such cases the nervous centres must necessarily be injured, nor that death must have been instantaneous. Rigor mortis must have set in between the last moment of life and the first of death.—*Lancet*, April 22, 1871.

Dr. J. H. BRINTON, in an interesting article on this subject, published in the *American Journal of the Medical Sciences* for January 1870, page 87, relates a number of similar cases which were observed during the late war in this country.

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Pangenesis.—Mr. GALTON, F.R.S., read a paper last week at the Royal Society, describing experiments on pangenesis by breeding from rabbits of a pure variety, into whose circulation blood taken from other varieties had previously been largely transfused. By an ingenious device the blood from one rabbit was made to flow freely from carotid to carotid into the circulation of the other of a different variety, for nearly half an hour. The results of breeding showed no variations of character in the offspring. This he held to contradict the theory of pangenesis, which asserts that the elements of simple reproduction, of reversion, growth, repair of injuries, and other allied functions, reside in the blood, as gemmules, which live and multiply there, and that the solid framework of the body is little more than a case which incloses them, built up by the development of some of their number, and exercising no further influence on them, than suffices to account for the minute effects of use and disuse of parts and of acquired mental habits being transmitted hereditarily. — *British Medical Journal*, April 8, 1871.

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OBITUARY RECORD.—It is with profound regret that we record the death of Vienna's great clinical teacher. Oppolzer, Professor of Special Pathology and Therapeutics in the University of Vienna, died on the 16th of April, of typhus fever, after an illness of a few weeks' duration, aged 63. Thus the two great teachers, who have for so many years maintained the fame of the Vienna school, have, in quick succession, passed from the field of their labours—Skoda into retirement, and Oppolzer to "that undiscovered country, from whose bourn no traveller returns."

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*** As "Roberts on Urinary and Renal Diseases" is out of print for the present, above work will be found a convenient substitute.

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18. 7. 71.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Digital Examination of the Uterus. By GRAILY HEWITT, M.D., Professor of Midwifery in University College, and Obstetric Physician to University College Hospital.

GENTLEMEN: I propose to speak to-day on a subject introductory to the study of the diseases of women—namely, the methods of examination which assist us in obtaining information with respect to those diseases. The difficulties in practice are not so much difficulties in regard to treatment as to diagnosis. Moreover, mistakes in practice are more frequently due to errors in diagnosis than to any other cause. The knowledge of the physical condition of the generative organs was formerly a matter very much of conjecture. Physical examination was only carried to a slight extent. True, ages past, some old physicians, such as Aetius, as was not long since pointed out in one of the medical journals, had been acquainted to a certain extent with the physical alterations of the uterus, which must have been derived from a careful examination by means of the finger. It is a fact, however, that until comparatively recent times the investigation of the physical condition of the generative organs was carried to a very slight extent.

Within the past thirty years much attention has, however, been given to this subject. For some time the speculum was the instrument almost exclusively used in obtaining information as to the physical condition of the uterus. This method of investigation has been followed, in too many cases, to the exclusion of all

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other methods of examination. One cannot, therefore, be surprised at finding that in many instances very remarkable physical alterations of the uterus remained quite undetected, since the examination was confined to a visual inspection of the os uteri. It is, however, from digital examination of the uterus that we are able to learn most regarding the condition of the uterus. This is a point I am most anxious to impress upon you; and I now desire to explain to you how this examination is to be made, and what are the results to be expected from it. I was exceedingly pleased to find in a work recently published by M. Courty, of Montpellier, that the extreme importance of the digital examination of the uterus is so fully recognized. Unquestionably the speculum, and above and beyond that the sound, give completeness and exactness to the investigation in particular cases; but still the digital method stands first, and you will do well to recognize this as the primary one.

By means of the finger educated to the proper degree, you can become acquainted with the size and position of the uterus, the state of the vaginal canal, with the condition of the organs lying in the immediate vicinity of the uterus, the ovaries; with the presence of a tumour lying in the pelvis in the same situation, and affecting the uterus. You can make this examination by the vagina, or you can make it by the rectum. Another method consists in a sort of double examination, one finger being inserted into the vagina, and one or two fingers being placed over the symphysis pubis. When the patient is in a favourable position, you can get thus most important information. So also a double examination from the rectum and over the pubes can be made by placing one finger in the rectum and two over the pubes. You endeavour to bring the two together, and if the patient is not very stout or fat, you can do this in such a perfect manner as to make it absolutely certain, for instance, that there is no uterus in a case in which that organ is congenitally absent. Thus also you can determine the shape of the top of the uterus. In fact, there seems to be hardly any limit to the information that can be gained from it under tole favourable circumstances. Much, ever, depends on the position in whic patient is placed, and by far the position for such double examinatic lying on the back, not on the side, the knees drawn up, and the obs standing at the patient's right hand. first or second finger of the right ha then passed in as far as possible; two fingers of the left hand are pl over the pubes, and pushed inwards downwards into the pelvis. In this the two fingers can be brought into proximity, the abdominal walls bein this position completely relaxed.

I will next describe the digital ex nation of the vagina only. A prope sition is very essential; and the only one is for the patient to lie on the on her left side, with the hips close t edge, and the knees drawn well up. is quite impossible to make a satisfac examination with the patient lying i middle of a soft bed.

The examination is usually condu by means of the forefinger of the hand. To arrive at the aperture of vagina, place the left hand upon the trochanter of the patient, and immedi under that you will find the vulva. member the distinction between the and the vagina. The former is nearl inch in depth; and after passing o that distance, the finger comes to th sition of the hymen, the beginning o vagina proper. If no impediment is ated by the existence of the hymen, finger of course passes inwards as f the vagina extends; and the normal l of the vagina, including the part be ing to the vulva, is represented pret actly by the length of the forefinger, has to pass in almost as far as it ca inserted before its tip reaches the cu sac behind the os uteri.

Thus the first thing that is deter by this examination is the length o vagina. That is determined at Next comes the condition of the ute and the facts relating to this must b down under several heads.

The first point is the condition of t uteri. Normally, in the woman who

not borne children, the finger finds merely a small aperture. In women who have had children the aperture is generally larger, it may even be so large as to admit one or two fingers.

Next determine the length and shape of the cervix, and recollect that it really occupies nearly one-half of the length of the uterus. The part which can be felt by the finger in the vagina is, however, only a small portion of the cervix—the "vaginal part," as it is called; the greater part of the neck is above that. You have to determine the length of this vaginal portion. In women who have not borne children this is not more than half or three-quarters of an inch. It may be much longer, or it may be shorter, and the latter point becomes very important with reference to the diagnosis of pregnancy. The cervix is not really shortened in that condition, but it is drawn up out of the vagina so as to appear shorter.

Next the density of the vaginal part of the cervix has to be investigated. There is a considerable softness about it normally, and yet it is pretty firm. In pregnancy it becomes very soft, and in the latter part of pregnancy it becomes as soft as velvet, so that towards the end you have a difficulty in making out that there is an os uteri at all.

The symmetry of the os uteri should next engage your attention. Is it symmetrical in form? Is it symmetrical as regards density? Nodulation or cicatrization is an important sign. In cancer, for instance, there is a complete loss of symmetry both as regards form and density; it is irregular in outline, nodulated often, harder than natural, and the increased density is always greater on one side than on the other.

If you are a beginner you will find that this part of the examination will occupy you at least several minutes. The more practice you have the more rapidly will you be able to determine these several points.

After thus investigating the condition of the os, you may next proceed to examine the neighbourhood of the uterus. This may conveniently be regarded under four divisions: (1) that in front of the uterus; (2) that behind it; and (3, 4) those on each side of it.

Commencing with the examination of the anterior region, the finger is pushed forwards and upwards in front of the neck. It displaces the vaginal wall before it, and can thus be made to rise to a considerable distance in the pelvis between the uterus and the bladder. You will readily understand that, if the uterus is bent forwards unduly, the finger will thus come upon it and touch it. So, also, if there is a tumour in front of the uterus, the finger will come upon it. Thus this examination will inform you of the presence or absence of a tumour there, or of anteflexion or anteversion of the uterus. Sometimes anteflexion will escape notice thus. The finger, being pushed forcibly up in front of the uterus, causes the organ, as a whole, to turn on its axis backwards, and you may fail to find the tumour because it retreats before the finger. The longer the disease has existed the more likely is this to occur, since after lapse of time the uterus gets rigid and fixed in its abnormal shape. This examination in front of the uterus will enable you to eliminate pregnancy. If a patient has arrived at the third month of pregnancy, you will certainly be able to detect the enlargement of the uterus; while if you can detect no tumour in front of the cervix you may be pretty sure that pregnancy does not exist. Pelvic tumours of various kinds are liable to be met with there. An ovarian tumour may be felt there. A tumour growing out of the uterus itself may be found there. Peri-uterine hæmatocele, consisting of an effusion of blood, may be situated in front of the uterus, and cause a hard and rather firm tumour in this position. In pelvic abscess and cellulitis there is an induration in the pelvis which may also be situated in this locality.

The neighbourhood behind the uterus is equally important with that in front of it; and its examination ought never to be neglected. When the uterus is in a proper position, the finger, passed up behind the cervix, is unable to explore the uterus higher than a point just above the junction of the vaginal wall and the cervix; and nothing can be felt beyond

that point. But we often do find a tumour in that situation. Its most common cause is retroflexion of the uterus; and then the finger comes upon the body of the uterus behind its neck. In all cases of retroflexion, except those in which the amount is very slight indeed, you will find a tumour there. Certainly, in ninety-nine cases out of a hundred you will be able to detect it. I have frequently known marked retroflexion to be missed solely from the practitioner neglecting to examine the part behind the neck, and confining the investigation to the condition of the os itself. Finding a tumour there, you have next to make out its shape; and the most important thing to ascertain is whether the tumour is symmetrical and in the middle line. The retroflexed fundus is usually, as might be expected, symmetrical, and generally nearly in the middle line. But the tumour may be due to other conditions: one of the ovaries may be displaced, and may lie near the middle line behind the uterus. It is not common; but the ovary may be found there, enlarged and painful. You would separate it from the uterus by making out that it was not continuous with the cervix. The point of the finger is made to travel slowly from one point to another; and, if it be an ovary, you find a break between the two. A fibroid tumour growing from the back of the uterus is not very rarely met with in this same position, which may be of any size, and may simulate very closely retroflexion of the uterus. The diagnosis between the two is made with the greatest possible ease by means of the sound. Sometimes a fibroid tumour is associated with retroflexion, and is, indeed, its cause, pulling the uterus back. Another tumour often met with there, is that caused by pelvic cellulitis. This is usually found to one side; it is hard, dense, and resistant in the chronic stage, and the parts are evidently all matted together. It is sometimes difficult to distinguish this tumour from one that consists of a fibroid tumour alone. Peri-uterine hæmatocele is more common in that situation than in any other.

By examining the lateral aspects of the uterus, you become acquainted with the condition of matters in the broad l ments—the space which intervenes tween the two surfaces of the periton which are reflected over the Fallo tubes, and inclose a dense mass of cell tissue and an immense quantity of ves veins, arteries, and lymphatics. It i this situation that inflammation so quently occurs. If you suspected th patient had pelvic cellulitis, you would a rule, expect to find the swelling on side or other of the uterus. Tumour not so often grow from the sides of uterus as from the front and back, all events are not so obvious on a vag examination. Effusions of blood also occur at the sides of the ute Sometimes the uterus is turned over to side, giving rise to lateral version; this is very commonly combined anteversion. In retroversion it is com to find the uterus a little to one sic the middle line, but not so much a anteversion.

Having thus examined the os uteri the region round it on all sides, by m of the double examination I have be referred to, you may extend this, render some things certain which be were uncertain.—*Lancet*, May 13, 187

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Clinical Remarks on the Treatmen Orchitis — In a clinical lecture on subject, Mr. JONATHAN HUTCHINSON marks (*Medical Times and Gazette*, A 22, 1871) that in that form of orch in which the epididymis, body of testis itself, the tunica vaginalis, and cellular tissue of the scrotum, are al volved, gonorrhœa is the most com cause. In these cases the effusio usually serum only, and a speedy complete cure by absorption may be pected; but in exceptional instances puration may occur in the cavity of tunica vaginalis, and, in others still m exceptional, in the body of the testis self. Gonorrhœal orchitis almost alw subsides spontaneously, and without permanent damage to the gland. All t is necessary is to keep the patient in b to purge him freely, and apply ice to part. Now and then, however, the sev ity of the inflammation may be such as

threaten abscess, or even to cause gangrene. When the pain is intense, and persists, in spite of the use of ice, Mr. Hutchinson believes that the practice of making incisions is not only safe, but very valuable. Some surgeons, he observes, are in the habit, even in ordinary cases of gonorrhœal orchitis, of seeking to relieve tension by making one or more punctures into the tunica vaginalis, or even into the testis itself. He believes that it may be accepted as the result of their experience that such punctures seldom do any harm; to most surgeons, however, they scarcely appear to be necessary. In recommending incisions, Mr. Hutchinson states he is speaking rather of the exceptional states in which abscess is threatened; and, in looking back upon his own experience, he is certainly inclined to regret that in several cases he did not make incisions earlier. A free incision into the tunica vaginalis leads to no ill consequence whatever, and if it happens that pus is let out the relief is immense. A free incision through the tunica albuginea into the testis itself does not lead to gangrene of the testis, nor always even to fungous protrusion. When the testis is swollen, it appears to relieve pain much with the same certainty that iridectomy does the pain of acute glaucoma, and Mr. Hutchinson's impression is that it is likely in critical cases to diminish the danger of gangrene on the one hand, and of consecutive atrophy on the other.—*The Practitioner*, June, 1871.

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Clinical Remarks on the Treatment of Hæmoptysis.—Dr. Waters, in a clinical lecture on this subject, stated (*Brit. Med. Journ.*, March 11, 1871) that when hæmoptysis occurs during the progress of a case of phthisis, no special treatment need be directed to it; should it be, however, at all severe, rest should be enjoined, and no risk run by which an inflammatory attack might be brought on. In regard to the various measures that are usually resorted to, he considers the best remedy to be used is gallic acid, as being the safest, the most rapid, and the most effectual. It should be given in full doses of not less than 10 grains every hour, or every two, three, or four hours, according to the severity of the case. It is readily taken by patients, it rarely disagrees with the stomach, and is well borne by delicate persons. It rapidly finds its way into the urine and is excreted. Acetate of lead, especially when combined with opium, is often of great service. He usually gives it in the form of pill, in two or three grain doses, every two, three, or four hours, but it should not be too long continued on account of its constipating effects. Sulphuric acid is a good remedy in slight cases of hæmoptysis, and it may be combined with other substances, as quinia and iron, which are given for the general treatment of the disease. It should be given in doses of from 10 to 30 minims. Dr. Waters' experience of the use of ergot of rye in pulmonary hemorrhage is not very favourable. In severe cases of hæmoptysis he always applies ice to the chest; it should be included in a bag, and not allowed to remain so long as to produce a chill. In regard to digitalis, as far as his experience goes, he is unable to recommend it as a trustworthy remedy in hæmoptysis. He occasionally prescribes dry cupping, but never fails to give styptics internally at the same time. He gives a caution against the indiscriminate administration of purgatives. Turpentine he considers to be less valuable in hemorrhage from the lungs than in hemorrhage from the bowels. The room should be kept cool and well ventilated; the food should consist of iced beef-tea and milk, and small pieces of ice given to the patient to suck.—*The Practitioner*, May, 1871.

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Diagnosis of Recent Endocarditis.—Prof. Skoda observed (*Lancet*, June 3, 1871), in the course of some clinical remarks at the Vienna Hospital, with regard to a case of second attack of acute rheumatism, with a systolic murmur at the apex of the heart, that, though the mitral insufficience here present was a proof that endocarditis *had* existed, the question one should always consider, if a patient come under observation with an intra-cardial murmur and rheumatism side by side, is: "Is this murmur due to old or to recent endocarditis?" Where the history fails to help us,

we may be aided by remembering the following points: In a recent endocarditis the spleen will probably be plugged (infarcted) with fibrinous deposit from the valves, and therefore *enlarged*. Similar infarction of the kidneys will give rise to the presence of blood in the urine. Pains in the cardiac region, and irregularity and palpitations of the heart, if they exist, point to a recent endocarditis; but they depend more on the fever present than on the endocarditis *per se*. The most certain proof of fresh endocarditis is a gradual increase of dilatation of the heart during the course of the rheumatic attack, especially if followed by palpitations and dyspnœa.

HOSPITAL NOTES AND GLEANINGS.

Operation for the Cure of Prolapsus Uteri.—Dr. GRAILY HEWITT'S operation for the cure of prolapsus uteri consists in removing from the perineal end of the posterior wall of the vagina a triangular portion of mucous membrane, of which the apex is towards the uterus, and the base at the posterior commissure of the vulva. In the present instance, an operation performed two months previously had succeeded so far as regarded the vaginal mucous membrane, but, union having failed to take place between the edges of the base of the triangular wound, the constriction of the vaginal orifice, which was the main object in view, had not been effected. Dr. Hewitt pared the edges of the posterior half of the orifice, and brought them together by means of two deep interrupted sutures of strong metal wire, and three superficial sutures of finer wire inserted within the deep ones. The deep sutures were secured by means of a small apparatus which Dr. Hewitt calls a "bead." It is made of ebonite, is gourd-shaped, and consists of a body and an expanding neck, of which the former is as large as a full-sized pea. When the suture is inserted, a bead is strung on at either end, with the neck outwards; and while it is pressed against the labium with one hand with the proper amount of force, it is fixed in position by winding round its neck, with the other, the projecting extremity of the wire suture. Dr. Graily Hewitt claims for the beads that, their action being more defined and local than that of portions of bougie, they have not the same tendency to maintain, in the included lips of the wound, a state of congestion which is unfavourable to healing, and has, in some instances, produced sloughing.—*Lancet*, April 29, 1871.

Case of Uterine Hæmatocele.—H. C—, aged 39, is a widow, and has had no children. She was admitted to Ward 16, under Dr. Matthews Duncan's care, on February 16, complaining of pain and swelling in the lower part of her belly, and of pain at the base of the sacrum. About a fortnight before admission, after being exposed to the influence of cold and damp during menstruation, she caught a severe cold, which confined her to bed for some days. Her last monthly period began a fortnight ago; it lasted for three days only, her previous periods ending after an illness of a week's duration. On the day following this abrupt disappearance of the last menstrual flow, she noticed a swelling in her belly at its lower part, which was hard and painful. The size and hardness of, and the degree of pain felt in the tumour by the patient were increased next day. Her monthly periods had been previously regular.

On inspection, the belly is observed to be somewhat prominent, but presenting to the hand a natural feeling, except on the right side inferiorly, where a mass of hardness is felt, which rises as high as half way to the umbilicus. There is no particular tenderness or sensitiveness on touching this, and there is resonance everywhere over it. On examination per vaginam, the cervix is found to be nearly in its natural situation, uterus fixed. The pelvis is not occupied by the tumour, but in the plane of the brim there is felt fulness, and at the right side hardness.

The tumour above described gradually diminished in size, and on an examination being made three weeks after admission, a trace of it only could be detected.

Remarks.—It is almost inconceivable that a disease like the one at present under consideration, which must have existed as long as woman herself, should

have been recognized and described for the first time within the last twenty years. Long after its description, however, ignorance as to the nature of uterine hæmatocele prevailed in this country, and it is only recently that it has become at all widely known. One might ask—What did our predecessors make of such cases? They were, in all likelihood, mistaken by them for ovarian dropsies, fibroids of the uterus, etc., and their subsequent rapid absorption and disappearance were probably attributed to the potent deobstruent qualities of certain drugs, or cited as instances of the spontaneous cure of these diseases. An intimate connection between menstruation and the advent of a uterine hæmatocele is, in many cases, to be observed. On studying the history of the case before us, this point is well illustrated. The woman C., instead of remaining poorly for a week, as was her wont, menstruated for three days only, and it was, she tells us, on the day after the cessation of her menses that she first noticed the swelling in her belly. This fact is of importance, and holds good in the majority of cases of this nature. Another point of importance with regard to this disease is suggested by the discussion of the history of a case—namely, the origin of the blood which goes to form the hæmatocele. From whence does this blood proceed? The most common source is the mucous membrane of the body of the uterus, the place from which bleeding, in most cases of hemorrhage in connection with the internal genital organs originates. Doubtless, other sources exist, but this is the commonest one. The blood, issuing from the uterus through the Fallopian tube, discharges itself into the cavity of the peritoneum; there it excites some degree of perimetritis, which also produces adhesions, which contribute to inclose it. The site of a tumour thus formed must be of necessity within the peritoneum. Post-mortem dissections of cases fully corroborate this statement. The diagnosis of uterine hæmatocele is chiefly dependent on a consideration of the previous and subsequent history of the case. Its advent is characterized by suddenness, and, as has been already shown, is closely connected in many examples with the menstrual history of the patient. When the blood is poured out in large quantity, symptoms of loss of blood are present. Pain is not a constant phenomenon, but exists more or less in many cases, and is a result of the perimetritis which follows the effusion of blood into the cavity of the peritoneum. It is a remarkable feature of this disease that the tumour which forms in the abdomen often disappears so rapidly, that a swelling which was originally of large size is reduced in a few weeks to comparatively small dimensions, and, in a short time, all that can be detected is the remains of the perimetritis. The diseases with which it is most liable to be confounded are perimetritis and perimetric abscess, and, unless the case is a well-marked one, the differential diagnosis is not a simple matter. A consideration of the history of the commencement of the disease, and of its subsequent disappearance, will, in most instances, suffice to distinguish them from one another.—*Med. Times and Gaz.*, April 15, 1871.

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Cast of the Female Bladder.—Dr. J. R. WARDELL exhibited an extraordinary pathological specimen, consisting of what seemed to be the exuviation of the entire mucous membrane of the urinary bladder, in a woman aged 28, admitted into the Tunbridge Wells Infirmary. The mass was absolutely seen to pass out of the bladder by the house-surgeon, Dr. De Havilland Hall. The following are the clinical details of the case furnished by Dr. Wardell.

M. B., aged 28, married, the mother of three children, was admitted on April 14th, 1871. On the 9th she had gone to bed apparently well. In the middle of the night she awoke up and tried to pass urine, but was unable to do so. The next day, at noon, a catheter was introduced, and the urine was drawn off. Retention continued until her admission. The secretion was fetid, and contained a large quantity of mucus. On admission, she complained of great pain over the pubic region, accompanied by straining and a constant desire to micturate, but all at-

tempts to do so were ineffectual. After she had been in the infirmary about half an hour, Dr. Hall was hastily summoned to the ward, as she had declared that something within her had "broken." On introducing the finger into the vagina, the legs of a fœtus were felt protruding, and in the course of an hour a fœtus of from three to four months was expelled. The placenta came away three hours afterwards. The patient was soon able to pass urine. During the next three or four days she had incontinence. The urine was very offensive, and contained a large quantity of mucus. Twelve days subsequently to admission, she was seized with great pain over the pubic region, which was only partially relieved by grain-doses of opium. On the morning of the 20th the house-surgeon was again hastily called to the patient. She was in excessive pain, and the cause of her suffering was ambiguous. Digital examination felt a substance being expelled; and visual inspection showed a mass of something in the process of being passed through the meatus urinarius. It was a membranous substance; it felt resisting and organized. After the lapse of half an hour, this slowly protruding mass was fully expelled. On examination, it almost seemed as if the whole of the mucous coat of the organ had been thrown off. At the moment of its expulsion the urine gushed out with great force and in large quantity. The woman from that time obtained instant relief, and continued to improve daily. She was treated with sedatives, and requested to drink large quantities of barley-water and milk and water. At the date when this case was related (May 10th) the secretion was nearly normal, and the patient was not at all troubled with a desire to micturate.

Dr. Wardell observed that he had referred to several works on pathology, but could find nothing resembling the case now narrated. He said he was confidently certain the mass passed out of the meatus urinarius, because the placenta had been thrown off in due time, and the substance, on minute inspection, had nothing of placental characteristics: it was too large, was not of the placental configuration, and not vascular, there were no tufts, and no signs of funal insertion; because on its inner surface there were gritty deposits, evidently consisting of oxalate of lime and uric acid; because Dr. Hall felt something like a foreign body when he introduced the catheter; and, above all, because the house-surgeon could not be mistaken when he said he saw it coming through the meatus. Again, there had been the common symptoms of vesical inflammation; there had been localised pain, a loss of the normal contractile power of the organ, a fetid secretion, and an abundance of stringy tenacious mucus. Dr. Wardell regarded the product as a croupous plastic exudation, just as we sometimes discover casts thrown off from the trachea, the bronchi, etc. The most remarkable feature in the case was the evident and speedy restoration of the function of the bladder. Having got rid of that which came to act like a foreign body as it were, the organ recovered its natural functions.—*Brit. Med. Journ.*, June 10, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Allopathy.—We have always and must continue to repudiate this epithet when bestowed upon scientific medicine as wholly inapplicable. It is a word invented by the homœopathists, and given to scientific medicine with the artful design of degrading the latter in the estimation of the ignorant to the level of homœopathy—a system founded upon a single idea, as are the systems of all the pathists. But scientific medicine never has been, never assumed to be, and never can be restricted to such narrow limits.

The devotees to *pathies* have their mental vision so clouded and limited by their one idea systems, that they see all things through a mist which strangely distorts them. We need not say to the scientific physician that to discern objects accurately, they must be viewed through a perfectly transparent medium—one free from all errors of refraction, and with the mind perfectly unbiased by visionary hypotheses.

pium in the Treatment of Dysmenorrhœa. r. Wm. Goodell states (*Medical Times*, 1 15, 1871) that most of the forms of menorrhœa are relieved during the ck by morphia, given either by the th or hypodermically. This could be ained by the threefold action of opium, it is the best of narcotics, the most effi- t relaxant of a rigid cervix, and an ex- -motor of uterine muscular fibre—pro- ies which meet many of the indications dysmenorrhœa. In the congestive ety, in which the womb throbs like a lache, found usually in fat and plethoric nen, chloral with hip-baths answered better during the attack; but in the rvals the iodide of potassium, saline iartics, and scarifications of the cervix of great advantage. On the other d, the effects of full doses of morphia peculiarly happy in those nervous and ralgic varieties of dysmenorrhœa so n met with in pale, thin, tall, and terical girls. The menstrual fluid umulates in the cavity from a spasmodic ure of the internal os uteri, and escapes gushes at such times alone as the ex- sive pains overcome the resistance of h constriction. Opium is here the ıedy *par excellence*, for it not only lulls pain, but also takes away the cause this pain by softening down and re- ing the rigid cervix.

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Belladonna in Typhoid Fever.—Dr. Lewis Pilcher, Asst. Surgeon U. S. N. (*Mich. ıv. Med. Journ.*), having been attracted the positive and warm terms in which effects of belladonna, given in typhoid r, are stated by Dr. B. Kelly, of lin, finds that under its influence, ıin from 24–48 hours after the first inistration of the drug, delirium, coma, subsultus quickly vanish, and are suc- led by calmness and clearness of the llect, by natural sleep, and complete rol of all the voluntary muscles. rhœa is checked, and healthy, con- nt evacuations are established.—*Med. rd*, June 15, 1871.

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Hydrate of Chloral in Intermittent Fever. r. F. A. Duzan, of Zionsville, Indiana, claims (*Indiana Journal of Medicine*, May, 1871) to have employed the hydrate of chloral successfully in the treatment of intermittent fever where quinia, arsenic, and other antiperiodics had failed. He gave fifteen grains five hours before the expected cold stage, and repeated the dose every hour until five doses had been taken. In one case narrated he repeated the doses on the day of the expected return, and after that there was no recurrence of the disease.

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Rupture of the Liver without External Evidence of Violence.—Dr. T. F. Dudley records (*The Medical Archives*, March, 1871) the following case of this:—

W. B., of this city, aged 28, of good physical and muscular development, was attempting, on Feb. 9th, to "couple" two railroad cars, when the coupling bar (fastened at one end) not being so guided as to make proper connection with the approaching car, was driven round with considerable force and struck him across the upper part of the abdomen, causing intense and continued pain. Good medical and surgical attendance was procured, but nothing could be done further than to partially allay his excruciating pain with anodynes, and he died on the 11th.

Upon post-mortem examination there was found no evidence of any bruise, nor even a scratch or abrasion upon the surface, but an abdominal section revealed a large amount of blood poured out in the abdominal cavity, from a rupture of the right lobe of the liver about two inches in length. No other organ was found to be injured.

The point of interest in this case is the very serious internal and fatal injury sustained without any mark or trace of violence upon the surface.

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Cundurango.—This is the title of a new drug lately discovered in Ecuador, a sample of which, with testimonials of its wonderful efficacy in the cure of cancer, has lately been transmitted by the American minister to that country to the U. S. Secretary of State. We have carefully read the testimonials as published in the

National Medical Journal for May last, and it appears to us that they are vague and unsatisfactory.

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Harvard University Medical School.—We have received the 88th annual announcement (Session, 1871–72) of this school, and must congratulate the Faculty on the decided advance they propose to make in the course of instruction. The plan of study in this school is to be radically changed.

"Instruction will hereafter be given by lectures, recitations, clinical teaching, and practical exercises uniformly distributed throughout the academic year. This year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June; it will be divided into two equal terms with a recess of one week between them. There is also a recess of one week at Christmas. Either of these two terms will be more than equivalent to the former 'Winter Session,' as regards the amount and character of the instruction. The course of instruction has been greatly enlarged, so as to extend over three years, and has been so arranged as to carry the student progressively and systematically from one subject to another in a just and natural order.

"In the subjects of anatomy, physiology, chemistry and pathological anatomy, laboratory work will be substituted for, or added to, the usual didactic lectures. Every student will have his place and time in the anatomical, physiological, and chemical laboratories, and in the microscope room; and laboratory work will be as much required of him as attendance at lectures and recitations.

"Instead of the former hasty oral examination for the degree of Doctor of Medicine, held at the end of the three years' period of study, a series of examinations on all the main subjects of medical instruction has been arranged. These examinations will be distributed for regular students through the whole three years; but they may be passed by other students either all at once at the end of their course, or, successively, at several times. Every candidate for the degree must hereafter pass a satisfactory examination in every one of the principal departments of medical instruction at some time during his period of study. The Faculty are convinced that this requisition will present no serious obstacle whatever to those who do not neglect their opportunities.

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The American Journal of Obstetrics, &c.—This valuable journal has changed publishers, and is now issued by Wm. Baldwin & Co., New York.

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The Virginia Clinical Record.—This is the title of a new monthly journal, of which two numbers have recently been published by M. W. Hazlewood, Richmond, Virginia. It has our best wishes for its success, and we welcome it to our exchange list.

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OBITUARY RECORD.—The No. of the *Virginia Clinical Record* for April announces the death of Dr. DAVID H. TUCKER, formerly Professor of the Practice of Medicine in the Medical College of Virginia. Dr. Tucker for several years was a resident of this city, where he secured many warm friends, and occupied for a time the chair of Midwifery in the late Franklin Medical College.

FOREIGN INTELLIGENCE.

Some further Additions to Therapeutics: Organic Bromides, Metachloral; with a note on Sulphur Alcohol.—Dr. RICHARDSON read before the Medical Society of London (March 13) a paper entitled as above. The author first described the methods of research in therapeutics, which consist in following up modification of certain organic compounds by modification of the elementary composition of the compound. He then introduced some new medicinal bromides, viz., bromide of quinia, bromide of morphia, and bromide of strychnia, together with combinations of the same. Bromides are best administered in the form of syrups, each drachm of the syrup containing—in the syrup of the bromide of quinia, one grain of the bromide of quinia; in the syrup of the bromide of morphia, one-eighth of a grain

rphia; and in the syrup of the bro- of strychnia, one thirty-secondth grain of bromide of strychnia. ounds of the syrups of the bromides inia and morphia, and of quinia, ia, and strychnia, were also useful. ch drachm of these the same pro- n of dose, viz., one grain of quinia, ghth of a grain of morphia, one -secondth of a grain of strychnia, maintained. Dr. Richardson had the bromide of quinia of great e in syphilitic ulceration. He had ed most valuable results from fre- ly repeated doses of syrup of bro- of quinia and morphia in cases of lgia; and in a case of diabetes the of quinia, morphia, and strych- ad been signally successful. The ide of quinia he believed the best ration in cases of remittent or inter- nt fever. Dr. Richardson next ght forward bromal hydrate; it was oluble than chloral hydrate, and pro- l more convulsive action, and, on the , he did not think it could at all re- the last-named substance. He then d on to anhydrous chloral, placing e the society a specimen of pure lrous chloral, and, by the addition re water, it produced chloral hy- . Chloral itself is a fluid caustic; it acts water rapidly, and might, he ght, be usefully employed as a caustic ne cases where soft fungous growths red to be removed. Chloral hydrate bed would be found to exert an after ive influence. A specimen of meta- al was then shown, an insoluble white ance made by exposing chloral hy- to sulphuric acid. This substance meric with chloral, and, when treated alkali, is resolved into chloroform chlorate of the alkali employed. nistered to inferior animals, it seemed t as a gentle narcotic; being proba- owly decomposed in the body, it may prove of service in practical medi- lastly, Dr. Richardson exhibited a men of mercaptan, sulphur alcohol S), in which sulphur replaces the n of ordinary alcohol. He detailed ber of interesting facts bearing on ction of this agent, dwelling espe- cially on the mental depression it pro- duces even when taken in very minute quantities. The alcohol is exhaled by the breath as it passes from the bodies of animals, and communicates to the breath peculiar odours like the odour met with in wasting diseases. From this fact the author drew a suggestion for a new line of research in diagnosis, viz., the detection of organic sulphur compounds derived from the blood in the air expired from the lungs by diseased persons. Sulphur compounds liberated in the alimentary canal seemed harmless—*i. e.*, were not absorbed—but it was now quite certain that when some of them are actually in- troduced into the circulation, even in minute quantities, and are diminishable by exhalation from the lungs, they pro- duce muscular debility, feebleness of the heart, and mental depression. We may, therefore, infer that the formation of sul- phur compounds within the circulation from disease might account for some ex- amples of excessive temporary prostra- tion, for the cause of which we have as yet no satisfactory explanation.—*Medical Times and Gazette*, April 8, 1871.

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Neuralgia treated by the Constant Current. —Dr. Buzzard and Dr. Anstie reported cases to the Clinical Society (*Lancet*, May 20, 1871) in which this mode of treatment proved very effective. In Dr. Buzzard's case, a woman, aged 65, had suffered for three months from paroxysms of agonizing pain in the neck and right arm, which attacked her several times every hour night and day, deprived her of rest, and rendered her arm useless. The neuralgia had followed seizures which sufficiently indicated its central origin, and this, coupled with the age of the patient and the degeneration of the tissues, rendered its cure in the highest degree improbable. Applications of a sedative character had been useless in relieving her suffering. A constant current derived from ten cells (increased afterwards to fifteen cells) of a Weiss' battery was applied from time to time, between the cervical vertebræ and the hand, with the effect of producing remarkable relief to her pain, insomuch that at one time she thought herself cured.

Under the influence of this treatment the patient was enabled to sew, and to cut her food with the right hand, which had previously been so helpless that she was forced to lift it with the other. With the view of testing the effects of the application, it had been intermitted on several occasions, and other remedies, as blisters, sedatives, and tonics, had been employed, but these failed in preventing the paroxysms of pain. Summing up the results of treatment, Dr. Buzzard said that out of sixteen applications of the constant current, ten had been followed by very great and well-marked relief, two by moderate relief, and four by very slight relief. Dr. Buzzard brought the case forward, not as one of cure of neuralgia, but as a good example of the effects of the constant current in relieving pain; and he drew attention to the process because he believed it was as yet very little employed for this purpose in this country, although, as was well known, its efficacy had been perfectly recognized and insisted upon abroad for many years past. Dr. Anstie referred at the same meeting to two cases—one of severe neuralgia in the right cervico-brachialis in a married woman, aged 48; the other of double cervico-occipital neuralgia in an unmarried needlewoman, aged 80. In the former case a cure was effected; in the latter not. The constant current was employed, with a strength of ten cells, afterwards increased to fifteen; the positive pole in the first case being applied alternately on the various foci of pain, the negative pole being applied by the right side of the three lower cervical vertebræ. The pain was at once diminished, and ceased altogether at the end of thirteen days; and a secondary anæsthesia of the skin, with secondary paralysis of the deltoid and trapezius, were removed at the end of twenty-four days' treatment. The cure was found persistent six weeks later. Dr. Anstie remarked that the effect of the constant current in neuralgia was very remarkable, but that there were as yet some unexplained anomalies in its action. In the large majority of cases it acted as a palliative most strikingly. In a not inconsiderable number of cases it appeared to cure the disease absolutely; in a fe amples it failed to produce any effects. As a general rule it was fa effective in the neuralgias of old p with degenerated tissues than in yo subjects; but occasionally even a person, like the second of his case to derive benefit from it.—*The Pract* June, 1871.

—

Treatment of Obstinate Vomiti Iodine.—In cases in which ob vomiting occurs after the adminis of aperients, Caspar and Bierbaum found that the administration of io recommended by Rademacher ha followed by excellent results. drops of the tincture of iodine, scruple of tragacanth, are added t ounces of water, and of this mixt tablespoonful is to be taken every These observers have found that pain as well as vomiting subsides the use of this remedy.—*Dublin Journ. of Med. Sci.*, May, 1871.

—

The Nature of the Intestinal Le Enteric Fever.—Dr. T. J. MACLAGA paper on this subject, read befor Medico-Chirurgical Society of Edin (*Edin. Med. Journ.*, April, 1871), marizes his views as follows:—

1. The intestinal lesion of enteric is specific in character.

2. It may terminate in resolut ulceration.

3. When it goes on to ulceration are two sets of lesions, primary an ondary.

4. The former are an essential p the disease.

5. The latter are accidental, an result of the inoculation of healthy g by discharges coming from the form

6. The recognition of these two of lesion is necessary to the explanati the diverse phenomena of the disease

7. Their relative frequency varie different cases.

8. The extent of the primary les bears a direct relation to the severit the attack.

9. That of the secondary bears no relation, they being more likely to

dominate in cases in which the general symptoms are mild, and the primary lesions few.

10. One primary lesion is sufficient to produce, directly or indirectly, many secondary.

11. The discharges do not necessarily inoculate every gland over which they pass.

12. The longer they remain in contact with a gland, the more likely is it to suffer.

13. The higher up in the intestine the primary lesions are situated, the more numerous, *cæteris paribus*, will be the secondary.

14. Fatal abdominal symptoms are more often the result of secondary than of primary lesions.

15. Relapses are caused by a reabsorption of the poison into the system, probably by one or more absorbent glands which escaped during the primary attack.

16. Constipation is to be regarded as a source of ultimate danger.

17. No one suffering from enteric fever should go more than two days without a stool.

—

Gastrotomy for Internal Intestinal Obstruction.—Mr. THOMAS ANNANDALE, in some remarks (*Edin. Med. Journ.*, Feb. 1871) on this operation, arrives at the following conclusions:—

1. That when the symptoms of sudden and complete intestinal obstruction are present, and the ordinary means of treatment have failed to give relief, the operation of gastrotomy is jutifiable and advisable.

2. That the operation should not, if possible, be delayed beyond forty-eight or thirty-six hours after the first symptoms have appeared.

3. That the abdomen should be opened in the middle line; and that, during the operation and after it, every precaution should be taken to lessen the risks of peritonitis.

4. That when the abdominal cavity is opened, the best guide to the seat of obstruction is the contracted or dilated condition of a portion of the intestine.

5. That, if the intestine be gangrenous, or the obstruction not removable, its canal should be opened as near the obstruction as possible, and an artificial anus established.

—

Fatal Result from the Intra-Uterine Injection of a Solution of the Sesquichloride of Iron.—Dr. KERN reports (*Würtemberg Med. Corresp. Blätter, No.* 7, 1870) a case of uterine hemorrhage after four successive conceptions and abortions, in a thin, weak, anæmic, and somewhat rachitic woman of thirty-six years of age. Various styptics were employed, among others an injection of a drachm of the liquor ferri sesquichlorati in ten ounces of chamomile water. A third injection of this solution, further diluted with tepid water, was very painful, induced uterine colic, followed next day by veritable metroperitonitis, which terminated fatally, thirty hours after the injection, in spite of the most appropriate treatment, such as leeches, cataplasms, ice, cold enemas, opium internally and subcutaneously, etc.—*Med. Record*, May 15, 1871.

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Raw Meat.—The use of raw meat in the treatment of disease is objected to by Mr. M. R. LEVI (*Giornale Veneto*), unless the said meat be other than that of the ox or the pig. He recommends the use of chicken, pigeon, or turkey meat for this purpose, as the others are apt to produce the tænia.—*Med. Record*, June 15, 1871.

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Ought Consumptives to Marry.—Dr. ROBERT BARNES maintains that the problem—Is it to the advantage of the community, or of the individuals primarily concerned, that those bearing the seeds of tubercular phthisis should marry?—is one which medical science may properly discuss.

My own observation tells strongly on the negative or prohibitory side.

1. I have now seen a good many very sad instances where young men and women in whom consumption was either latent, stationary, or slowly progressing, have sunk rapidly after being "engaged," or after being married. The chance of recovery, or even of not getting worse, of a tuberculous sufferer, depends upon observing the strictest hygienic rules; and of

these rules a main one is the preservation of mental and emotional calm.

2. I have seen the effect of pregnancy and labour upon many consumptive women. I have no hesitation in saying that there never was a greater fallacy than that which affirms that pregnancy is antagonistic to phthisis. In my experience, labour commonly precipitates the fatal issue of the disease. Some perish during pregnancy; a large number sink rapidly after labour. This last trial breaks down the remaining forces of the system.

3. Consumptive people seem at least as apt in procreation as others. The children whom they bring into the world undoubtedly inherit the tubercular diathesis. How many of these perish quickly of convulsions, or, a little later, of abdominal or pulmonary disease! How few grow up to robust adolescence! And how large a proportion of those who survive to maturity repeat the sad history of their parents, scattering mental and physical distress around them!—*Brit. Med. Journ.*, Feb. 25, 1871.

—

Pathology of Phthisis.—Dr. E. Aufrecht (*Berlin Klin. Wochenschrift*) summarizes 100 cases of tuberculosis (in Laennec's sense of the word) with the *post-mortem* appearances. The lungs were affected in ninety-two of the cases, and alone affected in forty-eight. In none of these forty-eight cases was any trace of true tubercle found. For these cases, therefore, Aufrecht recommends the designation cheesy broncho-pneumonia, except in those instances where a whole lobe is affected at once. Besides these forty-eight, in two others there was ulceration of the larynx, and in fourteen ulceration of the bowel, but in none of the sixteen was tubercle found. In other twenty-four cases the broncho-pneumonia was associated with actual tubercles, viz., four times on the pleura, and four times on the peritoneal covering of the bowel, whilst in sixteen they were found in various organs; only seven times, however, in the lungs themselves. In the remaining four cases of the ninety-two, the lungs were affected with tubercle only; other organs, however, being simultaneously involved. The author concludes that the apices or upper lob whether for a longer or s fined to these, and knowr of phthisis, never begin: tion of tubercles, but al of broncho-pneumonic ac this form the affection ca from beginning to end, th pneumonia being only it cases complicated by tube *Press and Circ.*, May 31,

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Typhoid Fever with C Murchison exhibited to Society of London (*Lance* a specimen of typhoid u intestine from the body o died suddenly from fatal the intestine on the twe of the disease, and in v been constipation. He l the case—not a very unu prove the common notior fever with constipation with diarrhœa, typhoid f presented numerous othe nical features.

—

Dislocation of the Hip.- son reports (*Glasgow M* 1871) that four cases of t him at the Glasgow Roy all cases," he says, "t was on the dorsum ilii easily reduced by mar of no operation which with greater pleasure to his patient than method of reducing hip, for which we American brethren. the dislocation was yet neither ropes quired."

New Fluid for t scopic Preparatio the last part of I *Anatomie*, observ in use for the p pical specimens mixed with oth employed. Th sessing the pe

s transparent, yet unites with fats, o modifies the differences of refrac- occasioned by the presence of fat. e the introduction of perosmic acid a disadvantage attaches to glycerine— ly, that if the least trace of the acid ins, the glycerine becomes black, es- lly around the preparation, and there no means of removing perosmic acid pletely; washing, even when contin- for days, being inefficient. Under e circumstances, M. Schultze has been ged in seeking for a fluid which might ace glycerine, and has, he thinks, dis- red one in a nearly concentrated watery tion of *acetate of potash*. According ippel, through whose work Schultze became acquainted with it, it was nally employed by Sanio for the in- gation of vegetable structures in e of chloride of calcium; and Dippel d it serviceable also for preserving al tissues. Schultze applied the fluid e same way as glycerine, a drop being ed to flow over the specimen after it been prepared in water or serum, out raising the cover. After the lapse enty-four hours the preparation is l down. As the fluid neither dries up crystallizes out, the specimens may long preserved in it. M. Schultze s that the solution has now been in for two years in his laboratory, and isadvantages have been found to at- to it, whilst it possesses all the ad- ages of glycerine.—*Lancet*, March 25, l.

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holera in Madagascar and along the heast Coast of Africa.—It is stated cholera prevails to a considerable nt along the east coast of Mada- ar, in the islands Mayota and Johanna nbers of the Comoro group), at the ern extremity of the Mozambique nel, and along the east coast of a, to the south of Port Mozambique, en the eighteenth and nineteenth es of latitude, about the mouths of Zambesi River. The gradual exten- of cholera in a southerly direction Zanzibar, along the coast-line, to- s the Cape Colony, is a subject of me importance, and suggests great difficulties in the establishment of the theory, supported by Inspector-General Lawson, of the advance of this disease by "pandemic waves" from south to north, along the belts inclosed by the isoclinal lines of terrestrial magnetic influence.—*Med. Times and Gaz.*, June 10, 1871.

—

Alkaloid detected by Picric Acid.—Mr. HAGER has found that this acid precipitates various alkaloids from their solutions, such as brucine, strychnine, veratrine, quinine, cinchonine, and some alkaloids of opium. Morphine and atropine, however, are precipitated only from neutral and concentrated solutions; but the precipitate dissolves pretty easily in water. Glucosides, caseine, and pseudomorphine resist the action of the picric acid.—*Lancet*, June 10, 1871.

—

Deaths from Chloroform.—The *British Medical Journal* for April 22 announces two cases of this, and the *Lancet* for May 20th, a third.

—

Von Graefe's Successor.—Prof. SCHWEIGGER, a pupil of the late eminent ophthalmologist, has just been appointed to succeed Graefe at the Charité Hospital of Berlin. Dr. Schweigger had hitherto occupied a chair in Zurich.—*Lancet*, May 20, 1871.

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Oppolzer's Successor.—Dr. H. BAMBERGER, at present Professor at Würtzburg, has been chosen to fill the chair rendered vacant by the death of Professor Oppolzer.

—

Smallpox.—The number of deaths in London for the weeks ending May 6, 13, 20, and 27, were respectively as follows: 288, 232, 267, 257. The smallpox epidemic in London shows but little signs of decrease.

—

OBITUARY RECORD.—M. LONGET, the eminent physiologist, has just died at Bordeaux, aged sixty-eight. M. Longet was member of the French Institute, and of the French Academy of Medicine. His death, which was sudden, is ascribed by his friends to shock produced by the deplorable news from Paris.

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We are glad to welcome this treatise, and commend it, not only to medical men in general and those of our specialty, but to the members of the legal profession, as a book which cannot fail to be alike useful to all.—*American Journal of Insanity*, April, 1871.

A cordial welcome is due to Dr. Blandford's book, as being a most grateful addition to the literature of psychological medicine. We can assure every one that most valuable hints may be obtained from it when called upon to treat insanity or to take reluctant steps for placing insane patients under legal restraint The Appendix, by Dr. Ray, supplies a positive want, and is a happy thought.—*Philadelphia Medical Times*, May 15, 1871.

Dr. Blandford's work is the latest and most practical on the subject.—*N. Y. Med. Gazette*, June 5, 1871.

The student or miscellaneous reader, who would pick up with little labor a clear and general idea of the subject of insanity in nearly all its bearings, will find this book better adapted to his purpose than any other that we know It is as lively as a novel in its style, and at same time eminently practical. We hail it valuable acquisition to a department of med science, the interest and magnitude of w increase every day.—*Pacific Med. and Surg Journal*, June, 1871.

This book supplies a want much felt in department of medical literature. No disea equal frequency and gravity has been so im fectly studied as insanity, and most work this subject are too voluminous for the practitioner, who needs a concise manual occasional reference, rather than an elabo essay on the subject, and the work well m the prevailing deficiency.—*Canada Lan* June, 1871.

Many points which our space will not per us to notice, well deserve our attention. must be content to recommend the work to practitioner, with full assurance that in the ca ful study of it he will be repaid, as regards t and money.—*Indiana Journal of Medici* May, 1871.

We end as we began, in heartily recommendi it as a most useful and reliable guide for t general practitioner. The synopsis of the la in the different States of the Union, added in t American edition, will supply a want much f by the practising physician.—*Am. Journ. M Sciences*, April, 1871.

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If used as a hand-book only, it will commend itself as the best we have yet seen. The style is clear, the most important points of practice well delineated, and its size such as to be conveniently carried.—*Am. Journ. of Obstetrics*, Aug. 1869.

The author has been at great pains to collate the materials for this book. The sifting process has been judiciously performed, and the power of condensation has been carried to the utmost. For practical purposes, such books are no doubt very useful, although not altogether free from objection.—*London Lancet*, June 19, 1869.

It is as well arranged, full, practical, and use as any treatise can be, having so wide a sco and such limited space.—*Buffalo Med. and Sur Journal*, March, 1869.

This is one of the handiest books with whi we are acquainted. To the student of medici in attendance upon lectures it will be foun invaluable, and to the practitioner it will found most convenient.—*Cincinnati Med. Rep tory*, March, 1869.

This is a small sized octavo of 452 pages, co taining an admirably condensed summary of principles and practice of medicine. We do hesitate to say that this work of Dr. Hartshe is the very best of its kind.—*Chicago Med. aminer*, March, 1869.

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GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Leucorrhœa. By LOMBE ATTHILL, M.D., Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

GENTLEMEN: To-day I propose to call your attention to the subject of leucorrhœa, a word which literally means a white discharge, and for which the popular synonym is "the whites;" it is a symptom met with in connection with affections widely differing the one from the other, while the discharge itself varies greatly in colour, in consistence, and even in chemical properties. It is essential that you should bear in mind that though, as I have stated, leucorrhœa means a white discharge, the term is to be understood in a relative sense as opposed to a red sanguineous one, and that it includes all non-hemorrhagic vaginal discharges; thus very frequently it is of a light cream colour, sometimes of a yellow, or again of a greenish tinge; it may be inodorous or fetid, but nevertheless the patient is sure to tell you that she has The Whites. In its natural healthy condition the vagina while moist should not secrete any appreciable discharge, but hardly any departure from a perfectly healthy state of either vagina or uterus ever takes place, without leucorrhœa in some of its forms being present. You cannot have failed to remark, gentlemen, the extreme frequency of this symptom among the patients who have presented themselves here, and yet you have seen that the affections from which they suffered were very various. But before reminding you

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of the different abnormal conditions on which, as I have from time to time pointed out, these discharges depend, I must briefly enumerate the main characteristics which they present and the sources from which they proceed. As already mentioned, the term leucorrhœa includes a great variety of non-hemorrhagic discharges. It very commonly presents itself as a profuse mucous discharge, inodorous, and light in colour; or again as a thick creamy fluid coating the whole surface of the vagina and flowing into the speculum as you introduce it; then you have seen it so evidently purulent that, as I pointed out, it was impossible to say whether it was the result of gonorrhœal infection or not; in others it assumed a curdled appearance, or lastly was seen as a thick tenacious glairy secretion, issuing from and filling up the os uteri. Now it is quite evident that these various forms of leucorrhœa must not only depend on different causes, but also must be secreted by different parts of the genital canal. Accordingly we find vaginal leucorrhœa, cervical leucorrhœa, and uterine leucorrhœa, to exist as three distinct affections. The discharge, when proceeding from the vagina, is generally a light-coloured creamy-looking fluid unless acute vaginitis be present, when it becomes almost purulent; it often is secreted from the whole surface of the vagina, but in some cases, especially in children, it seems to proceed mainly from the vulvo-vaginal glands. Again, in some forms of ulceration of the os uteri the discharge is profuse and semi-purulent. That poured out by the cervical glands is very different in character; the glands situated in this part of the uterus are very numerous, and when inflamed secrete a copious tenacious albuminous fluid, closely resembling in appearance the white of egg; this discharge is so remarkable and so pathognomonic of disease of the cervical canal as to be unmistakable. Lastly, you may have leucorrhœa proceeding from the interior of the cavity of the uterus itself. The occurrence of this form of leucorrhœa is less easily recognizable than that of the others, but of its existence as a special affection I entertain no doubt; it is seldom that any discharge other than the glai mucus secreted by the cervical glands seen to issue from the interior of t uterus, but there is ample evidence show that a copious discharge is und certain circumstances poured out fr the mucous membrane lining the body the uterus. This membrane performs very important function—namely, that secreting the menstrual discharge; it comes at each catamenial period c gested and thickened, and this great frequently recurring change in its con tion predisposes to the occurrence of ease, in addition to which there is als be taken into consideration the vast alt ations which occur in it during pregna and subsequent to delivery or aborti As a matter of fact we find that the proach of menstruation is in most wom ushered in by the appearance of a whi mucous discharge, which there can be b little doubt is mainly secreted by th membrane, therefore that a similar di charge should present itself when it the seat of disease is to be expected. physical characters the discharge issui from this source is often not to be di tinguished from that secreted in the v gina, but while the latter has an acid t uterine discharge has an alkaline rea tion, and it is the mingling together these two fluids of opposite reactio which gives origin to the curdled appe ance sometimes seen in the vagina.

The causes of leucorrhœa may be eith constitutional or local. Anything wh debilitates the constitution is liable to accompanied by the appearance of a wh discharge; thus it is seldom absent wh lactation has been unduly prolonged, again if a woman be debilitated by p fuse menorrhagia she is nearly certain be further weakened by the occurrence leucorrhœa in the intervals between menstrual periods. Again, it is met w in delicate girls, especially those of a l cophlegmatic temperament, in whom th exists a tendency to phthisis, and mos frequently in them it is the precurso not the cause of the lung disease. Bennett, who for several years was gaged in practice at Mentone, a favour resort as you are aware for consumptive

rked that great improvement fretly took place in the condition of r patients threatened with phthisis, om leucorrhœa existed, on that disge being checked by appropriate ment, a remark capable of easy exation if we bear in mind how exhaustmust be the effect of a profuse disge so rich in albumen as is leucor-. In cases which come under either e heads I have alluded to—namely, lity arising from over-lactation or the effects of a weakly strumous conition, our treatment must be twofold mely, first endeavour to check the litating discharge and then to invigo- the constitution and improve the ral health. With the view of effectthe former you will order the use of ingent vaginal injections, those of n or sulphate of zinc being the best, a two to four drachms of either salt g dissolved in a pint of tepid water. quantity should be injected twice a into the vagina by means of an ordiy siphon syringe, and at the same you should by change of air when sible, by the adoption of a generous , and by the judicious administration tonics, of which the preparations of are especially appropriate, endeavour mprove the patient's general health; other cases of leucorrhœa are met less amenable to treatment than e—namely, those which depend on the tence of visceral disease, such as that he liver. Cases in which special treatit can do no good and therefore is to voided.

would be tedious and unprofitable for to enumerate all the constitutional es which predispose to the occure of leucorrhœa. I may briefly sum his part of the subject by saying that disease which debilitates and enles the health is likely to be sooner ter accompanied by leucorrhœa; but ddition to the numerous cases deding on disease of other organs or of system at large, we meet with leucorn as a symptom of local disease, and of e more frequently than that of inflamion of the vagina itself, or vaginitis as termed. You have seen over and over again examples of this. The mucous membrane lining the vagina, in common with that of all other parts of the body, is liable to inflammation of both an acute and chronic character; the latter however is much the most common. We have recently had under treatment two well-marked instances of acute vaginitis, one in a young woman, J. McComack. She stated that she had been married for four years, but had never been pregnant. She complained of burning pain in the vagina, of pain in the back, and of scalding on making water. On examining her, the entire length of the vagina was seen to be of a bright scarlet colour and very tender to the touch; the introduction of a small speculum, and even of the finger, giving great pain. The mucous membrane covering the os uteri was bright pink, the cervix itself being evidently congested. As the speculum was being introduced we saw a copious purulent discharge of a greenish-yellow colour to pour out from its sides. Now these cases of acute vaginitis are rare, and I always look on them with suspicion, accordingly I questioned this patient closely as to the possibility of her having contracted gonorrhœa; she said it was impossible; but be the cause what it may, we had here to deal with a case of acute inflammation of the mucous membrane of the vagina, and I treated it as I would similar inflammation occurring in any other part of the body If an oculist meets with a case of acute purulent ophthalmia, he endeavours in the first instance to arrest the progress of the inflammation by local bloodletting; I advocate the same practice in acute vaginitis. You may remember that in this case I punctured the cervix freely and encouraged the bleeding and ordered her saline purgatives, but I did not in the first instance make any application to the vagina. Caustics or astringents used at this stage would only have done harm. In the case I am referring to I punctured the cervix at intervals of a few days, and on each occasion abstracted a good deal of blood, and when the acuteness of the inflammation had subsided applied to the vagina a solution of nitrate of silver five grains to the ounce, and subsequently a stronger one

At the end of two months this young woman returned, having in the interval become pregnant. Now, had this woman been in hospital instead of attending as an out-patient, I should, in addition to the local abstraction of blood by puncturing or by leeches and the exhibition of purgatives, have prescribed warm hip-baths and directed the vagina to be syringed with infusion of tobacco leaves at least twice daily, which would not only have expedited the cure but also have alleviated the woman's sufferings. And these are the means I recommend you to adopt in your future practice; but, as I have already said, cases of acute vaginitis are of infrequent occurrence. This case afforded a good example of the difficulty of deciding between simple acute inflammation of the vagina and that depending on gonorrhœal infection. I must avow that I know of no means of distinguishing between them, but though acute vaginitis is not very often seen, subacute inflammation of the vagina accompanied by leucorrhœa is common enough and is the cause of much suffering; the burning pain in the vagina, the frequent desire to micturate, and the scalding on micturating, though not so severe as in cases such as the one I have just detailed, are constant and most distressing. The causes of these attacks are various; you meet them sometimes in young healthy women who generally attribute them to cold, but they are seen more frequently in married women in whom, in addition to the causes named, I am inclined sometimes to attribute their occurrence to the effects of too frequent sexual intercourse and of intercourse occurring too soon after a menstrual period or before the vagina has regained its normal condition after delivery. There is one form of subacute vaginitis which gives rise to very distressing symptoms; in it we see aphthous-looking patches on various parts of the vagina. I have invariably remarked that this condition of the vagina is accompanied by most distressing pruritus, not that pruritus does not occur in cases of vaginitis in which these aphthæ do not exist, for on the contrary pruritus is a very common accompaniment of subacute vaginitis, but it is most marked and nearly if not alwa in conjunction with them; and h impress on you the uselessness o ing to treat itching about the v out first ascertaining what the of the vagina and uterus may b will seldom fail to discover eith flammation of the mucous men ists or that the uterus is conge cerated, and till these be curec efforts to relieve permanently th will fail. If vaginitis alone exi with the view of attaining this c at the same time of checking th which it causes, use in the firs soothing applications and then ones; of the former, none ca with infusion of tobacco. It made by infusing two drachms manufactured leaf in a pint of t ter. I have never seen the lea sant results follow its use, while it affords has often been marked mode of treatment of the grea is the application of glycerine cotton-wool with a strong threa to facilitate removal and satu glycerine should be passed in gina through a speculum and remain there for twenty-four h produces a copious watery which is often followed by ver tory results. Syringing the v a solution of borax dissolved in ter, or an infusion of tobacco, cases of great use; it should the strength of about three d the pint, and injected by mean the continuous siphon syringe tured by Maw and Co., on th originally suggested by Dr. E nedy. These syringes can be c a moderate price of all chem itching in these cases is som most intolerable. To relieve distressing symptom, I am in t recommending the patient, aft sponged herself with warm wa inside the labia a piece of lint a lotion composed of carboli grains, acetate of morphia eig dilute hydrocyanic acid two dra cerine four drachms, and wate ounces.

stimes, when the vagina is exces-
tender, medicated pessaries con-
; acetate of lead or tannin do good,
lo not think they can be relied on.
ill generally find that this form of
is is associated with a weakly state
constitution, and that you are
on to administer tonics, and of
the mineral acids seem especially
; but it does not follow because you
he vaginitis that the leucorrhœa
isappear. Sometimes it continues
ll symptoms of inflammation have
ed, and then you can use freely and
reat advantage as injections, solu-
of alum three drachms, or of sul-
of zinc two drachms to the pint;
en all our efforts fail to check en-
he discharge, and it becomes chronic
appears only after a long interval.
leaving the subject of vaginitis, let
ition you against pronouncing every
lush of redness which may be seen
vagina to be inflammatory, or of
iting all the symptoms the patient
omplain of to that affection. The
rhœal discharges of which I have
to been speaking are secreted from
rious glands which surround the
of the vagina, and from the va-
nucous membrane itself. A profuse
urulent discharge, which must be
ed under the term leucorrhœa, is
ed from the lips of the os uteri in
liar form of ulceration of that part
womb to which I will in a subse-
lecture draw your attention, and of
you saw an excellent example in
se of Mrs. H——, recently dis-
d from hospital.

early every case of leucorrhœa the
rge is much more profuse immedi-
fter the menstrual period has ter-
d, and occasionally it seems to take
se of the latter which is then sup-
d; in these cases the leucorrhœa is
e at the date when menstruation
to occur, and lessens considerably
rly disappears for a time corre-
ng to the interval between the ordi-
periods. This is likely to occur
the patient is debilitated by pro-
lactation, or by the existence of
constitutional disease. A white dis-
charge, accompanied occasionally by a good deal of vascularity and irritation of the orifice of the vagina, is also not unfrequently met with in unhealthy strumous children; this has sometimes given rise to the suspicion that the child had been injured by an attempt at sexual intercourse, and you must exercise great caution in such cases, in giving an opinion; but unless strong confirmatory evidence exists, showing that an attempt at penetration has been made, I would have you slow in encouraging the idea. You may have recently seen an example of such a case in the children's ward; the little patient was but six years old. Cleanliness and a nutritious diet, with the exhibition of iron, speedily improved her condition; I also passed a camel's-hair pencil saturated in a solution of nitrate of silver up the vagina every four days, and she was soon quite well. You must also bear in mind that irritation about the vulva may be kept up in children by the presence of worms in the rectum.

Hitherto I have spoken only with reference to discharges of purely vaginal origin; we have besides, however, not only cervical but uterine leucorrhœa. You are all aware of the appearance which cervical leucorrhœa presents, I have called your attention to it so frequently. In its healthy condition the cervix uteri secretes a transparent viscid fluid in such small quantities as not in general to attract any attention or be observed when the speculum is introduced; but when the cervical canal becomes the seat of inflammation this secretion becomes not only much more profuse but thick and tenacious, blocking up the os uteri, and hanging out of it as a thick rope of viscid mucus which it is almost impossible to wipe away. Cervical leucorrhœa, or, as it is sometimes called, "cervical catarrh," is an effectual bar to pregnancy, in this contrasting with the other forms of leucorrhœa which do not necessarily cause sterility. The condition of the cervix giving origin to cervical leucorrhœa is one very difficult to cure; to do so you must treat the whole extent of the cervical canal, and this can seldom be accomplished without dilating it to an extent sufficient to enable you to

apply to its whole length a strong caustic such as the fuming nitric acid, to which I give the preference above all others; the application of solution of nitrate of silver and even of the solid nitrate itself will seldom be sufficient. If the case be not of very old standing the introduction of solid zinc points, as suggested by Dr. Braxton Hicks, often does good. You have seen me apply them several times with success; they cause a good deal of local irritation and give some pain, but this soon passes off.

I have already stated that leucorrhœa may proceed from the interior of the body of the uterus, the diagnosis of this form is less easily made than that of the others. It is generally accompanied by a greater or less amount of pain, which is not necessarily present in either of the other forms; the reason of this is easily understood, for uterine leucorrhœa is, I believe, nearly always the result of congestion of the lining membrane of the womb. When leucorrhœa is vicarious with, or, as already stated, takes the place of the regular menstrual discharge, it is probably from the interior of the uterus that it proceeds. Perhaps the present is the most suitable time I shall find for alluding to a practice, unfortunately of not very rare occurrence, which, while it destroys the health of the body if persisted in, impairs in no less a degree the powers of mind, and which is nearly always accompanied by leucorrhœa; I allude to masturbation. I do not believe all I have heard as to its great frequency, but that it is practised by many females is too true. In some I have no doubt it has been the result of uterine disease, the habit having been contracted accidentally, in the first instance, in the efforts to procure alleviation from the irritation which so often exists about the orifice of the vagina; but be the cause what it may, it is soon accompanied by vaginitis and endo-cervicitis, manifested by the presence of the well-known glairy cervical discharge. But beware of charging a patient with being addicted to this degrading habit because suspicious symptoms present themselves; the dilated pupil, the downcast look, the uncontrollable excitement which a vaginal examination causes generally, tell the tale—added to this, there is often a severe lancinating pain complained of, immediately over the pubes, and in several cases I have noticed that vomiting *at night* has been a prominent symptom. These distressing cases can be cured by moral means alone; local treatment is useless and generally injurious, for it attracts the patient's attention to the genital organs, the very thing we should be most anxious to avoid. I cannot find words sufficiently strong to condemn as I would the barbarous practice of mutilating the patient by the removal of the clitoris. This operation is as useless as it is disgusting, for there is no truth in the idea that in the clitoris alone is seated the nervous expansion which subserves the sexual orgasm.—*Dublin Medical Press*, June 21, 1871.

HOSPITAL NOTES AND GLEANINGS.

Brief Memoranda on Treatment. Charité Hospital, Berlin. (Communicated by Dr. SPENCER FERRIS.)

Ileo-typhus.—Traube distinguishes two stages in this disease. The first, which lasts about fourteen days, is characterized by swelling and ulceration of Peyer's patches. The second, which immediately follows, is marked by the process of sloughing; it is indicated by a morning temperature of normal, or less than normal, height, and a very high evening temperature. In the first stage the treatment consists of aqua gummosa and milk and soup diet. In the second stage excitants and stimulants are given; Rhine wine is the stimulant always used—never brandy. When the temperature rises to 40° C. (104° F.), Celsius's ice-bag is placed to the head. The mortality from this disease is not more than 3 or 4 per cent. Dr. Vreuzler states that out of the last 123 cases not more than 4 deaths have occurred. This appears to indicate that at Berlin the disease is of a mild character. In the same affection Frerichs gives no alcohol, and not always wine, but as much beef-tea, eggs, and milk as the patient can take, with nitric and muriatic acids. In hemorrhage from the bowels

gives a quarter of a grain of acetate of l, or a dose of tannin or sesquichloride iron, with the addition of an ice-bag. richs has also treated a few cases both typhus and typhoid by baths and apping the body in cold cloths.

Acute Rheumatism.—Traube says that in sons under twenty-five, endocarditis, icarditis, or some form of heart disease, nost always takes place; between twen- five and thirty cardiac complication is unfrequent, but that in those over rty it is very rare. It may become eloped, he says, whether the patient in hospital or not. This is contrary to experience of Dr. Gull, who says, in of the "Guy's Hospital Reports," t if it is not established before the ient's admission, it does not come after. aube envelops the limbs in flannel, er in cotton-wool; in light cases his atment is entirely expectant. When ibs are much swollen, large blisters are ed; in severe cases, where there is not ch swelling, antiphlogistic remedies employed. Frerichs gives half a achm of iodide of potassium in the day, d when there is bad pericarditis or urisy he lays the ice-bag over the chest, he says it eases the pain. He also es infusion of digitalis. The ice-bag especially resorted to when, with endo- rditis, there is great excitation of the art's action.

Pleuro-pneumonia.—Traube gives citric id and aqua gummosa, warm applica- ns, and in very bad cases takes blood om the arm. He finds that wine is very dly borne, and never gives it. His rtality is very small.

Peritonitis.—Traube rubs in a scruple of ercury ointment daily, till the mouth is fected, gives no opium, and allows the wels to act when they will. He occa- nally employs warm applications and eches. He pursues the same treatment r puerperal peritonitis, in which his rtality is not more than twenty-five r cent. He distinguishes two kinds of erperal fever, the "peritonisch" and e "phlebitisch"; the former he treats inunction, as above, and the latter by inia and tonics.

A Case of Ileus.—The bowels had not been open for nine days, and the patient experienced great pain in the bowels, and could not lie still. Traube gave him ice to suck constantly, and he had as much ice-water as possible injected up the bowel. But these measures had no effect, and in three days an artificial anus was made in the right inguinal region Three days after the patient was going on well.

A Case of Trichiniasis.—The first symptom was œdema of the eyelids and face, then pains in all the muscles and joints, followed by stiffness of all the joints, and then came contraction of the joints and a flabby swelling of the muscles, with high fever and high temperature. The treatment consisted in friction of the limbs with bay salt. Patients generally remain in the hospital six or eight weeks for this disease. As the malady recedes, the muscles often shrink and waste. Traube finds it of little use to cut out a piece of the muscle and put it under the microscope by way of aiding the diagnosis; for it is seldom that trichinæ are found in such a piece, although the body after death may be found to be full of trichinæ. Other reasons against the proceeding are, that the wounds made in people with this disease heal very badly, and if the patient does not regain full use of the limb the unfavourable result will be ascribed to the puncture.—*Lancet*, July 8, 1871.

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Two Cases illustrating the Diagnosis between Apparent and Real Intracranial Disease.—Under the care of Dr. JOHN W. OGLE of St. George's Hospital.

CASE 1.—W. W——, aged twenty-four, had been many years in India, and had had rheumatic fever three times. He had been in the habit of taking a great deal of stimulant. He had been much subject to headache and vertigo, and had had three "fits," preceded by headache. He had also been subject to severe pain at the epigastrium, and very frequently had had vomiting of food. For a month before admission he had vomited everything, he said, except brandy and soda-water. For some days after he came to the hospital he could only walk in a staggering manner, but otherwise there was no detectable alteration in muscular power, and

this appeared to arise from giddiness. This sensibility of the skin was everywhere entire. The special senses were intact, excepting that the sight was defective; and he stated that, *though he had never been obliged to wear spectacles, he had been couched in both eyes* many years before. The tongue was very red, and there was excessive constipation; but it was soon found that when the bowels were kept open by calomel and enemata, the headache and vomiting to a great degree ceased. The urine was free from albumen and sugar. The pulse and the temperature of the body were natural. Cold lotions applied to the head, with, on one occasion, a blister and aperients, assisted in removing the headache and the disordered locomotor power. The appetite improved under the use of calumba and mineral acids, and the patient in a few weeks recovered so far as to go out in a comfortable state, free from sickness, headache, or vertigo, which symptoms, though at first assignable to some positive cerebral lesion, appeared to have been merely the result of dyspepsia and constipation.

Case 2.—The patient, a labourer, aged fifty-eight, had been quite well until ten days before admission, when he lost his sight, he said, and was greatly troubled with vertigo. There had been no injury, no syphilis (according to his statement), no conclusive or paralytic symptoms, and no vomiting. On admission the sight was very defective, and there was great headache and *soreness of the scalp*. The pupils were contracted, the right one more so than the left; both acted sluggishly to light. The urine was found free from albumen and sugar, and the bowels were regular. No loss of power was noticeable in the muscles of the face, palate, or limbs. The voice and the swallowing power were natural. After admission he exhibited a great tendency to drowsiness, but in the course of three or four weeks this symptom, as well as others, have greatly diminished. The pupils are more dilated and natural. Examination by Mr. Carter with the ophthalmoscope showed atrophy of the optic nerve of both eyes, and depression of the surfaces of the optic disks, the result of atrophy. The patient is still in hospital.

The treatment has consisted of calomel-and-jalap purges, counter-irritation to the neck, and, latterly, of bromide and iodide of potassium, the latter being increased. Dr. Ogle suspects syphilitic intracranial deposit, or some other organic change within the skull.—*Lancet*, June 24, 1871.

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Purpura Hæmorrhagica, with Melæna, Hæmatemesis, Epistaxis, and Hæmaturia, following a Blow on the Cheek.—In the following case no family history of the hemorrhagic diathesis was obtained; but judging by the previous history of the patient—that he had bled freely from slight wounds on previous occasions—the case may be regarded in this light. The occurrence of the blow was probably little more than a coincidence.

Fred. A., six years of age, a very intelligent fair-haired child, with legs much bent from rickets, was admitted into St. George's Hospital under Dr. Fuller, on June 1st. It was stated that, while at play on May 29th, he struck his right cheek severely against a beam. The part became bruised and swollen; and, two days later, the eyelids of the right eye changed to a deep purple colour; the eye was noticed to be bloodshot; and numerous purple blotches appeared all over the body. The nose bled profusely. His mother had noticed on previous occasions that he bled very freely from slight wounds. There had been no deficiency of vegetables in his diet. On admission there were a bruise on the right malar prominence; a very extensive black eye and a patch of hemorrhage in the right conjunctiva; and numerous blotches of purpura, of various sizes, scattered over the face, trunk, and extremities. There was much epistaxis. Blood was vomited, was passed by the bowel, and was present in large quantity in the urine. He was at once ordered ten minims of tincture of digitalis in water every four hours; and good diet with greens, lemons, and watercress. The bleedings continued on the following day, and he became blanched and exhausted: but by the 3d instant

there was marked improvement, the urine being of normal colour, with a mere trace only of albumen. The digitalis was now reduced to five minims in quinia draught. By the 6th, the general bleedings had entirely stopped; the purpuric spots had nearly quite faded; and now (June 13th) he is convalescent, and mere traces of the former blotches remain.—*Brit. Med. Journal*, June 17, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Treatment of Varicocele.—Dr. J. H. TYNDALL, House Surgeon, German Hospital, New York, in an article in the *Medical Record*, July 15, 1871, discusses the operations for varicocele, and makes the following deductions:—

First. The operations for the obliteration of the spermatic vessels afford but very temporary relief. In the few successful cases on record of subcutaneous ligature, the history of the case would doubtless show that only one vein was involved; hence the cure.

Second. Of the methods now in vogue, those attempting a support of the parts affected are alone admissible.

Third. The cause of varicocele being ascribable not to the veins of the scrotum, but to the pressure upon the spermatic plexus, the absence of a valve, and the emptying of several vessels into the epigastric vein at the internal abdominal ring, the indication is to apply the support in the neighbourhood of, or immediately at, the external abdominal ring.

Fourth. Any method of support (as by Evans' truss) at or near the external ring, aided perhaps by proper support of the scrotum and contents, is the only rational treatment for varicocele.

Carbolic Acid for Venereal Vegetations (Cauliflower).—Dr. EUGENE BRISE finds (*Medical Record*, July 15, 1871) that pure liquid carbolic acid acts in these cases efficiently and with little or no pain. When applied, it seems quickly to penetrate through the entire substance of the vegetation, which shrinks in size and becomes white. After one or more applications the vegetations fall off, leaving no ulcer remaining.

Some of its principal advantages are: I. The acid may be applied in a liquid state by means of a camel's-hair brush; II. It does not appear to have any tendency to spread beyond the point of application; III. It causes no perceptible inflammation of the surrounding tissues if carefully applied; IV. It causes very little pain; and finally, V. It seems to be effectual; the vegetations disappearing, and, as far as my observation has extended, not reappearing.

The number of applications necessary varies, of course, with the size of the vegetations. I have never used it in those of large size, preferring to treat such by abscission, followed by the actual cautery.

Lacto-Phosphate of Lime.—Prof. B. W. MCCREADY states (*New York Medical Journal*, June, 1871) that he has found the lacto-phosphate of lime useful—1. In cases of defective nutrition, with or without diarrhœa, but without any acute disease of the alimentary canal, particularly when these conditions have occurred in prematurely weaned children.

2. In rachitis.

3. In atonic dyspepsia. In most of these cases, not only were the digestive power and nutrition of the patient greatly improved, but the appetite for food was augmented, sometimes to an extraordinary degree. Dr. William A. Hammond has found it of very great value in cases of nervous derangement, attended with impaired nutrition; and Dr. Barstow, of Sanford Hall, has used it largely in similar cases. It is very probable that the free lactic acid may, in many instances, contribute greatly to the efficiency of the preparation.

In a series of articles in the *Archives Générales de Médecine*, for Dec. 1867, and for Jan. and Feb. 1870, Dr. L. Dusart reviews the whole subject, and states that in four cases of tardy union of bone observed in the Hôpital Beaujon, the administration of the lacto-phosphate was attended with marked improvement of the fractured part; in three of the patients,

the appetite was at the same time greatly increased.

In a number of cases of rachitis, the influence of the lacto-phosphate was well marked, the children rapidly improving under its administration, the appetite at the same time being greatly increased.

Several cases of diarrhœa and indigestion, after resisting other treatment, quickly yielded to the influence of the lacto-phosphate.

Mr. Wm. Neergaard, of New York, prepared at the request of Dr. McCready a syrup of the lacto-phosphate of lime, and gives (*American Journal of Pharmacy*, June, 1871) the following formula for it: ℞. concentrated lactic acid, f℥j; magma of freshly precipitated phosphate of lime, q. s; Aquæ fl. aurant., f℥iss; aquæ puræ, q. s. ad f℥viij; sacchari albi, ℥xj. Mix the lactic acid with 2 fluidounces of water, and saturate it with the magma. Put the liquid upon a filter, and add the rest of the water until 8 fluidounces of filtrate are obtained. Pour this upon the sugar, contained in a bottle; shake occasionally until solution is effected, and strain. No heat ought to be applied, else the syrup assumes a milky appearance.

The syrup thus prepared contains between 2 and 3 grains of dry phosphate of lime in each f℥, besides the lactic acid.

The dose for a young child is one to two drachms three or four times a day, while an adult may take a tablespoonful as frequently. The taste is pleasantly acid, and the syrup is not apt to disagree even with delicate stomachs.

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Disinfecting Solution.—Dr. Frank Wells, of Cleveland, Ohio, states (*Bost. Med. and Surg. Journ.*, May 25, 1871) that in the obstetric wards of the University of Vienna, all those who have examined any patient with a doubtful vaginal discharge wash their hands immediately afterwards in a solution composed of ℞ Potass. hypermang. ℥ss; aquæ destillat. f℔j; M.; and to remove the stains of potash in a solution of ℞ Acidi muriatici. ℥vj; aquæ destillatæ, f℔xiv; M.

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Simple Method of Measuring the Specific Gravity of Small Quantities of Urine.—In the *Boston Medical and Surgical Journal* Dec. 8, 1870, the following directions for this are given by an anonymous correspondent:—

Add to the quantity of urine to be examined as many equal volumes of water as may be necessary to float the scale of the urinometer. Multiply the excess of the specific gravity of the mixture above 1000 by the whole number of volumes employed, add to it 1000, and the result will be the specific gravity of the urine.

So simple a method as this can hardly fail to have occurred to many persons who have been engaged in examining urine, but I do not happen to have seen it mentioned in any of the books at hand, perhaps for this very reason. On the other hand, I have so often known the important fact of the specific gravity to be left out of a report on a specimen of urine for the want of enough to fill the urinometer, that the simple rule above given may not be without value to some of your readers.

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Statistics of the Medical Profession in the United States.—Dr. J. M. Toner, of Washington, D. C., has collected (*Boston Med. and Surg. Journ.*, July 6, 1871) the following interesting statistics:—

Whole number of physicians of all classes	49,798
" regular physicians	39,070
" homœopathic physicians	2,961
" hydropathic physicians	133
" eclectic physicians	2,860
Miscellaneous and unknown	4,774

This gives a ratio of 16.8 physicians to one homœopath in the whole number, and 13.1 regular physicians to one homœopath. Estimating the population of the United States in round numbers at 39,000,000, we have one regular physician to every one thousand of the population. The proportion of homœopathic physicians to the whole population would be about one in every 13,000.

FOREIGN INTELLIGENCE.

Ulcers of the Cervix Uteri.—M. Despres, Surgeon to the Paris Venereal Hospital for Women, in a recent work, states: "The diseases of women have often proved a rich mine to certain authors,

ıe extensive practice derived from writings has mostly been founded use of some new agent, hence the remedies which have been proposed.) other hand, we find unbiased men an account in their works of the eutical means which have been ex- registering failures and occasional s. I am anxious to state my be- ıat the latter depends mostly on lences, and that the cures might ɔeen obtained by other means. It be remembered that most special- the diseases of women use but one ɔf cure; such as the red-hot iron, caustic, and more or less concen- solutions of the latter; all, how- ıuring ulcers of the cervix in about me lapse of time." M. Després s all internal remedies, and relies ɔical applications. He considers, ɛr, that complete continence, clean- an occasional cauterization by any are very efficacious, especially ɔatients are treated early, and sub- to constant control. The author ıat he has found the *plug* very use- d gives the following description of ake a small piece of coarse gauze, ːh a pledget of cotton-wool is placed t has been filled with about 15 of powdered alum. Fold the ɔver the wool, and tie the ends of mer with a thread five or six inches ɾhich is allowed to hang out of the to facilitate the removal of the The latter should remain twenty- ɔurs.—*Lancet*, June 10, 1871.

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Treatment of Itch in Children.— the suggestion of Froehlich, A. instituted (*Centralblatt f. d. Med.* April, 1871) some experiments he action of copaiba-balsam on the children. He in the first place ve- the fact that the freshly-captured sect dies in from two to three hours ɔlaced in copaiba-balsam. The bal- ːoduces on the skin an active red- ıd burning, which disappear after ın hour, and with them also the ɛsome itching. After three or four ions, spread over one or two days, ɑorescence of the skin grows pale. No disturbance of the digestion nor of the urinary organs was noticed in any of the cases. The duration of the treatment varies between two and twelve days. The scabies nodosa, without eczema, is the most readily healed—the balsam has no influence upon eczema or upon pustules. The balsam of copaiba is cheaper than that of Peru, is to be preferred on account of its more agreeable odour, and does not stain the linen.

Monti experimented with carbolic acid, employed either in solution (one to two drachms to one pound of water) or in the form of salve, ʒj to ʒiv unguent. simpl. After a preliminary washing, the carbolic acid is vigorously rubbed into the diseased parts of the skin. In scabies pustularis, poultices are used instead of the initiatory washing or baths. The redness and burning of the skin caused by the carbolic acid soon disappear. Any eczema present is speedily cured. The duration of the treatment is very short; as a rule, six to nine inunctions, in the space of two to four days, suffice; if eczema is present the treatment is somewhat protracted. This method is much to be recommended for children.—*New York Med. Journ.*, July, 1871.

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Chloral in Phthisis.—The *Gaz. Farm. Ital.* advocates the addition of chloral hydrate to cod-liver oil; it renders it much less nauseous, and prevents the night-sweats of the phthisical patient, induces sleep, and creates appetite. It is prepared as follows: Ten gr. pure chloral hydrate crystals with 190 gr. cod-liver oil, digested in a sand-bath with gentle heat. Dose, six tablespoonfuls daily.—*Med. Times and Gaz.*, June 24, 1871.

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Liniment for Fissure of the Anus —M. Van Holsbeck states that he has succeeded in curing anal fissures with the following application, which had resisted the division of the sphincter. Dissolve one part of tannic acid in 16 parts of glycerine.

A tent wet with this preparation, is to be introduced into the rectum night and morning. The bowels are to be kept open. —*Revue de Thérapeutique*, April 1, 1871.

Plugging the Nostrils as a Precautionary Measure.—M. VERNEUIL, in a paper published in the *Bulletin Général de Thérapeutique* for May 30, recommends plugging of the posterior nares as a precautionary measure in all cases of operation on the face where there is danger of the passage of blood into the pharynx. Besides preventing this as long as the soft palate is uninjured, the plugging also, M. Verneuil says, enables chloroform to be given during the whole operation. It ought to be done before the induction of anæsthesia is commenced.—*Brit. Med. Journ.*, July 8, 1871.

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Local Anæsthesia.—Dr. SPESSA states, in the *Bulletin*, that he has succeeded in preventing pain, during the slitting of a fistulous tract, by injecting a solution of morphia into the tract before the use of the knife. The same author had occasion to touch the vulvar vegetations of a girl with butter of antimony; the pain was very acute, but disappeared on the part being brushed over with a solution of morphia. A boy of fifteen, suffering from hip-joint disease, required an issue over and behind the great trochanter. An injection of morphia was first made over the region, and Vienna paste applied, which latter remained about eight minutes. The paste did not give any pain. Dr. Spessa states that he would be glad to hear that a fair trial has been given to this mode of using morphia.—*Lancet*, June 10, 1871.

—

Cast of the Urinary Bladder.—In the number of the *Medical News* for July, 1871 (page 103), is reported a case of this which occurred in the practice of Dr. Wardell. In the *British Medical Journal*, June 24, 1871 (page 668), Dr. Wardell has collected the notes of several other cases, and Dr. J. J. Philips (page 662) refers to five cases and records a hitherto unpublished one which came under his own notice.

Mr. Spencer Wells has presented to the Museum of the College of Surgeons two specimens of this, which he describes as follows (*British Medical Journal*, July 1, 1871):—

In one of my specimens, the uterus and bladder are seen, as well as the detached cast of the bladder, covered with a gritty deposit of urates and phosphates. The walls of the bladder are thick and contracted, the muscular fibres being distinctly visible. The detached mass which was lying loose in the bladder I described at the time as "degenerate epithelium holding together saline deposit. On boiling a piece of it in twenty parts of water to one part of acetic acid, much of the saline matter is dissolved, and some of the tissue becomes clear, looking like smooth muscular tissue which has begun to degenerate by the deposit of fatty or albuminous particles in its substance." (*Obstetrical Transactions*, vol. iii. p. 354.)

The patient was twenty-two years of age. After a natural labour with her first child, the bladder was not emptied for sixty-two hours. Five pints of turbid bloody urine were then drawn off. Cystitis followed, incontinence of urine, and a train of distressing cerebral symptoms, ending in death two months after delivery.

The second specimen I exhibited at the Obstetrical Society on the evening of the day when it was voided by the patient, six weeks after a severe instrumental labour. The report may be seen in the the third volume of the *Obstetrical Transactions;* and in the fourth volume there is an elaborate report on the specimen by Dr. Harley.

From the time of her labour the patient suffered from severe cystitis with nephritis. Three weeks after labour, the urine contained albumen, blood-corpuscles, pus-cells, chylous matter, and renal tube-casts. The urine, when quite fresh, was loaded with carbonate of ammonia. A hard swelling had been felt through the anterior wall of the vagina; and on the day before the specimen was expelled through the urethra, Mr. Marshall, the surgeon in attendance, had observed shreds of sloughy membrane protruding through the urethra. After it came away, the health of the patient rapidly improved. I have lost sight of her; but Dr. Harley saw her in good health between two and three years after the illness.

My second specimen differs from the st in being a more complete exfoliation f the bladder. It is a bag of animal embrane—involuntary muscular fibres steriacing over its outer surface—the in- erior being a smooth mucous surface, overed with crystalline phosphates and urates.

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The Value of Extract of Meat.—Liebig's extract of meat has now been long enough before the world to enable most men to form their own opinions as to its specific value as an article of food and as an article of medicine. Nevertheless, it may not be amiss on our part to point out what has been ascertained as to its worth, and to indicate as exactly as possible the uses to which it ought to be put.

Meat as an article of diet owes its value partly to the mineral substances it contains, partly to the organic compounds, albuminoid and oleaginous. The mineral substances probably undergo little change in the human body, and with the oleaginous we do not now concern ourselves, but the albuminoid, having been ingested, are in the stomach reduced to a uniform substance, termed albuminose or peptone, by means of the acid and pepsine of the gastric secretion. All albuminoid bodies are so reduced—albumen, fibrin, etc.—and this new substance has the special property of diffusibility, a property altogether wanting in albumen itself. But straightway the process of degradation commences, and a multitude of new compounds—kreatin, kreatinin, leucin, tyrosin, etc.—are formed, but the force evolved in the change is the force manifested by the body—in other words, life implies these changes and the ultimate conversion of albumen into urea.

Let us now apply these physiological facts to the study of meat extract, and we shall find something worthy of our attention. Let it be noted, then, that over and above the *juice* of meat there is some available material in its *substance*, for this is soluble in the stomach.

In the extract, substances which exist only in very small quantities in normal meat are increased a hundred-fold, whilst the really important and nutritious substances are actually diminished. Animals have no constructive power; that resides in vegetables. Albumen having ceased to be albumen and become kreatin, can never be again converted into albumen in the animal economy; it can only proceed on its retrograde course to end as urea. This being so, it is evident that the nutritive value of meat extract, in respect of its albuminoid constituents, must be but small.

Some time ago, Kimmerich, in an article in *Pflüger's Archiv*, astonished, and we might say frightened, the world by announcing that Liebig's extract was actually poisonous. He has, however—so to speak—reconsidered his opinion, and, in a recent article in the *Deutsches Klinik* has been at pains to point out the actual value of this substance. First, then, it causes a sensation of warmth in the stomach; it strengthens the heart's action and the circulation generally—in short, it acts as a stimulant rather than an article of food. In its action it is allied to tea and coffee rather than to the meat whence it is derived. Those familiar with meat extract know that it consists in considerable part of salts, such as are actual constituents of the animal frame, and in this respect, wherever these salts are deficient, as in rickets, the use of meat extract may be supposed to be beneficial. So, also, in cases of sickness will the solution of extract properly flavored prove of value as a stimulant, in the same way that a glass of wine will enable a man *immediately* after he has taken it to do what he was incapable of doing before. But however useful in debility, it is now a well-recognized fact that wine is not food, and so with meat extract. We have already pointed out what we considered to be the proper place of extract of meat as an ordinary article of diet—viz., to give taste and relish to a mass of nutritive but insipid material; we now seek to enforce the same view as to its medicinal application. Patients will swallow large quantities of this extract, thinking they are imbibing nutriment proportional to the quantity of meat employed in manufacturing the extract. A patient may be swallowing several ounces of extract daily

and yet be actually starving; he may feel better for it, but his strength will not return, except he can swallow something else as well. It is needless to point out the importance of this fact to practical men. It carries its own application with it. No patient should be allowed to pass through an illness with this alone as nutriment, except it be subsidized by the addition of other more nutritive material. A bone added to it and boiled in it for a time is a great improvement; thickened with corn flour (not starch alone), it is most valuable; by itself, it is not to be trusted. If these facts be borne in mind, we shall have done good service in again directing attention to Liebig's extract of meat.—*Med. Times and Gaz.*, June 24, 1871.

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A Leech in the Pharynx.—M. TROLARD says, in *L'Algerie Médicale*, No. 29, 1870, that a lady rather hastily drank a glass of unfiltered water, and the next day felt some tickling towards the larynx. Having examined the pitcher whence the water had been obtained, she found seven small leeches. Nausea and spitting of blood continued, and much pain was felt about the pharynx. With the laryngoscope M. Trolard saw a leech curled up in the groove which, on the right side, runs along the larynx. The leech was seized with appropriate forceps, and removed with some difficulty, as it clung tenaciously to the part.—*Lancet*, Feb. 4, 1871.

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Death from Chloroform.—Another death from chloroform occurred at the Great Northern Hospital, London, on May 31st. The patient was a boy aged eight, who had been under treatment for some months for a severe burn, occupying the dorsal and lumbar regions, with protracted stage of ulceration, for the cure of which skin-grafting had been several times attempted. The pain caused by dressing the wound was so great that it was thought expedient to administer chloroform on the occasion on which the fatal occurrence took place. The chloroform, which was given while the patient lay on his abdomen, had been discontinued for several minutes, when it was observed that breathing had ceased. Every means w adopted to resuscitate life, but witho avail.—*Brit. Med. Journal*, June 10, 187

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Damage sustained by the Medical Institu tions and Members of the Profession in Par —During the late dreadful scenes in Pari the medical men in passing to and fro the various ambulances, were constant exposed to the most imminent risks. Th danger, indeed, was not confined to t outside, as balls and shells often pen trated to the interior of the hospitals, well as of the houses. Several ha however, been severe sufferers in th property, their houses or apartmen having been burnt, together with th libraries, manuscripts, and various obje whose loss is irreparable. Among t sufferers are, MM. Dechambre, editor the *Gazette Hebdomadaire*, Laboulbè Genouville, Martineau, Audhoui, Pa and Lacroix. Others, by their coura presence of mind, and energy, succeed in saving their own and neighbors' hou from the flames when menaced by ince diaries. Thus, M. Linas saved the o he inhabited in the Place de la Madelein by establishing an ambulance in th courtyard, and receiving the feder wounded. In the Rue de l'Universit M. Léon Lefort, revolver in hand, stemme the advance of the incendiaries, and com pelled them to retreat. Several of ou *confrères* were among the most active i directing the extinction of fires alread commenced. M. Amédée Latour, th well-known editor of the *Union Médical* has been placed in a deplorable positio having been closely shut up in his ow country house at Chatillon, unable t leave it under peril of his life, and con stantly exposed to the fire of the neigh boring forts and batteries.

The Sorbonne and the Ecole de Méde cine are entirely uninjured; and of a the great libraries of Paris, that of th Louvre is the only one that has suffered This, however, which contained 100,00 volumes, many of them of great value an rarity, is utterly destroyed. The Mazari library, which was at one time stated t have been burned, has been preserve intact. A magnificent edifice forming t

annexe to the Hotel de Ville, and employed in the administration of the Assistance Publique, has been entirely destroyed. None of the hospitals have suffered otherwise than by reason of their propinquity to the various scenes of combat; but the Lariboisière, St. Louis, Necker, and Pitié have sustained much damage in this way. The Hôtel-Dieu may be said to have had a narrow escape, for it was mainly due to the exertions of M. Hanot and other *internes*, made at the risk of their lives, that the attempts at burning the adjoining Notre Dame were defeated. At the Luxembourg Palace, again, the ambulance was the means of saving it from destruction. The agents of the Commune insisted that the ambulance should be evacuated, in order that the petroleum which they had brought might be ignited. M. Danet, who, with M. Brochin and other medical men, was in charge, sought by every means to obtain delays, telling the incendiaries that their own wounded would unavoidably fall victims. They succeeded in staving off the danger, which grew every moment more imminent, until, at last, the marines of the Versailles force arriving, the rebels retreated. The palace suffered to some extent from the explosion of a powder depôt, which took place soon after; and one of its *façades* has been terribly mutilated by shell and ball. The apartments of M. Lucien Boyer, containing valuable furniture, were demolished by shells.

In the *Gazette Hebdomadaire* for June 2, M. Linas gives a very graphic account of the terrible scenes which passed around his house in the Place Madeleine during the dreadful days and nights of May 22, 23, 24, 25, and 26.—*Med. Times and Gaz.*, June 17, 1871.

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Mortality of Paris during the Siege.—The following statement of the mortality of Paris from the 18th Sept. 1870, to the 28d Feb. 1871, compared with the mortality during the same period in the preceding year, furnishes some idea of the sufferings undergone by the Parisians during the nine weeks of siege and four weeks of armistice.

Deaths during the former period, 64,154.

Deaths during the corresponding period of the previous year, 24,978.—*Revue de Thérapeutique*, April 1, 1871.

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Smallpox in London.—The number of deaths in London, from smallpox, for the weeks ending June 8, 10, 17, and 24, was respectively as follows: 229, 245, 240, and 282.

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Dr. Frerichs.—It is stated in the *British Medical Journal*, July 8, 1871, that the order of the Iron Crown, of the second class has been conferred on Dr. Frerichs, of Berlin, whose classical work on the liver has made his name well and favorably known.

—

Mr. Paget at St. Bartholomew's.—On July 4th, the Prince of Wales, in his official capacity as president, paid a visit to St. Bartholomew's Hospital, accompanied by the Princess of Wales, the Princess Louise, and the Marquis of Lorne. The occasion was to present to Mr. Paget an illuminated copy of the resolution in which the General Court of Governors expressed their sincere regret at his resignation of his office as senior surgeon to the hospital. The Prince, in handing the resolution to Mr. Paget, expressed, in cordial language, his own concurrence with its terms; and Mr. Paget returned thanks with that happy blending of dignity and modesty which is so peculiarly his distinguishing characteristic.

Mr. Paget has long since earned the undying gratitude of the poor; and we trust that he will long continue to earn the "gratitude with recompense" of the rich. —*Lancet*, July 8, 1871.

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St. Thomas's Hospital, London.—The magnificent structure erected on the Thomas Embankment for the accommodation of this venerable institution, was formally opened on the 21st of June, by Her Majesty the Queen. The staff includes Drs. Peacock, Bristowe, Clapton, Murchison, and Barnes; Messrs. Le Gros Clark, Simon, Sydney Jones, Croft, and Liebreich; Drs. Stone, Ord, John Harley, Payne, and Gervis; Messrs. MacCormac, Wagstaff, F. Mason, and H. Arnott.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Simple Tumours of the Breast. By CHRISTOPHER HEATH, F.R.C.S., Surgeon to the Hospital for Women, and Asst. Surgeon to University Hospital.

GENTLEMEN: In my last lecture (see No. of *News* for June, 1871, p. 81) mention was made, incidentally, of collections of milk occasionally occurring in the ducts or sinuses around the nipples, and commonly known as lacteal tumours, the treatment of which is sufficiently simple. There is, however, another and more serious form of cyst in the breast containing milky fluid or its remains, which is occasionally met with, and which is known as *galactocele*. These milk-containing cysts occur during lactation, and undoubtedly depend upon obstruction and dilatation of one or more of the milk-ducts in the substance of the gland. They are slow in progress, and may exist during many months before they come under the notice of the surgeon; and there seems little doubt, from the researches of M. Forget, that, when of large size, the over-distended tube gives way, and the wall is formed by the breast-substance. The tumours present all the ordinary signs of fluctuation, &c., when of large size and near the surface; but are very difficult of diagnosis when deeply seated. The size they may attain to is well shown by one of the earliest cases on record—namely, that of Scarpa—in which the tumour measured more than thirty inches round, and gave exit to ten pints of milk when punctured with a trocar. The contents of a galactocele may not, however, always be fluid milk; for a process of

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absorption of the watery portion of that fluid occasionally occurs, and a creamy or even cheese-like mass is consequently left, of which last an example is to be seen in Guy's Hospital museum.

The treatment of the simple collection of milk around the nipple is to lay it open, and the same treatment will be most effectual in the case of the other form of galactocele, if near the surface. If deeply situated, however, it will be well to try the effect of an oblique puncture with a trocar and canula, by which the contents will be evacuated; when possibly, as suckling ceases, the cyst will heal up. Extirpation of the cyst is the last remedy.

Quite irrespective of lactation, however, cysts may be developed in the breast; and though occasionally single, they are more often extremely numerous, and are scattered through the gland, as may be seen in the specimen before you. In considering the pathology of these cysts (the serocysts of Brodie, or the improperly called hydatids of Cooper), we find almost as much contradiction between observers as on the allied subject of cysts in the kidney. You will remember that two opposite theories are held with regard to renal cysts, Rokitansky and Simon maintaining the formation of these cysts from an enlargement of the cells or primary anatomical elements of the kidney, whilst George Johnson and Gairdner uphold their formation from obstructed ducts only. In the same way Birkett maintains the formation of cysts of the breast by obstruction and dilatation of the minute ducts, whilst Broca strongly upholds the formation of new cysts in the substance of the gland itself, and Virchow believes in both methods of formation. Mr. Birkett believes that, a duct happening to become obstructed, the walls become dilated or varicose, whilst the portions of the duct between the dilatations become contracted and eventually obliterated. The tortuosity of the ducts would thus account for the numerous and closely adjacent cysts so often seen, and the different angles at which the ducts would be cut in a section of the gland would account for the difference in the shape of the cysts. On the other hand, M. Broca (*Traité des Tumeurs*, ii. p. 84) maintains that a cysts, whether large or small, are pendent of the ducts, and that were derived from the ducts the smallest could not have the completely sph form which is common to them, but be more or less tubular or ellipt M. Broca allows, however, that the cysts may be due to obliteration ducts, and I think the point already tioned with regard to the angle of a of a tube may explain the globular a ance of the small cysts. Most mu contain specimens of the disease, a illustrations given in the plates Astley Cooper's work, which is you, sufficiently elucidate the su although all forms of cyst were e ously classed together by that em surgeon under the term "hydatids."

I am inclined to think that, wh may be the origin of the numerous which are found scattered throug breast, there can be no doubt tha large single or multiple cysts found i neighbourhood of the nipple depend nally upon an obstructed duct; and the term "duct-cysts" given by Mr kett in his recent essay in *Holmes's tem*, is an excellent one. That cysts are true duct-cysts, is proved fact that frequently by the exerc gentle pressure some of the fluid m forced out from the nipple, or ma flow from it spontaneously. This fl usually of a viscid, mucoid characte varies in colour from straw-colou greenish-brown. The progress o tumour is slow and painless, and, i the nipple, the diagnosis of fluctua easy; but if the fluid is deep, and fore difficult of recognition, re should be had to an exploring tro needle in order to clear up the doul is to be borne in mind, that cysts sionally coexist with cancerous tu and therefore the presence of fluid extrusion by the nipple is not a proof of the innocent character disease, if there is a distinct tumo when the cyst has been emptied; o cer may develop in a breast the s of cystic disease for many years, a case recorded by Mr. Erichsen.

The treatment of these duct-cysts is unsatisfactory, unless complete removal of the cyst is performed. Last autumn I attended, with Dr. Whitmarsh, of Hounslow, a case of the kind in the breast of an unmarried patient who had been subjected to a variety of treatments, including injections and laying open the cyst, without benefit. I dissected out the cyst, and then found that its interior was lined with long papilliform growths of granulations, the result, no doubt, of irritation, but which effectually prevented any contraction or closure of the cyst. When the cysts are numerous, amputation of the breast will be required.

The *sero-cysts*, so well described by Sir Benjamin Brodie, may be found in any part of the breast, and are of very variable size. They are well represented in Plate 1 of Sir Astley Cooper's *Illustrations of Diseases of the Breast*, and are also seen in the preparations before you. The fluid contained in the smaller cysts is generally viscid and gelatinous, though clear; but in the larger cysts it is usually serous and limpid; and the evidence of fluctuation when near the surface is more distinct than in the case of the duct-cyst. Even in the smallest cyst a distinct epithelial lining will be found, and Broca relies upon this fact as conclusive of the fluid accumulating in a glandular cavity. When the cysts become much enlarged, the epithelial lining ceases to be continuous, but evidences of its existence are always present. The progress of the disease is slow and painless, as a rule, and it may subside altogether under treatment. This consists in the ordinary discutient applications, such as iodine, iodide of potassium ointment, &c., or the lotion of camphorated spirit and lead recommended by Brodie. If the skin over the cyst becomes thinned, evacuation of the cyst should be performed, when, if it does not close, it may be removed, or, in the case of numerous cysts, the breast must be removed.

The true *hydatid cyst* is of rare occurrence in the breast, Sir Astley Cooper giving only one real and one doubtful case, and Mr. Birkett having seen but two examples. The parasite is the ordinary acephalocyst, containing numerous echinococci floating in clear fluid, and is usually single. There are no means of distinguishing this from any other cyst, except by a microscopic examination of the fluid, when the characteristic hooklets of the echinococcus would be readily identified. Removal of the cyst (of which a drawing is given by Sir A. Cooper), and even removal of the breast itself, has been practised in these cases; but seeing how effective experience has shown the simple operation of tapping the cyst to have been in destroying the parasite and causing shrinking of the cyst in the case of the liver, it is not unreasonable to suppose that similar good results might follow a simple evacuation of the contents of the cyst in the breast; and I should certainly give the plan a trial in any case of the kind that came before me. In the museum of the Middlesex Hospital is a specimen of hydatid cyst which occurred in the practice of Mr. Mitchell Henry, and was found between the breast and the pectoral muscle, and adherent to both.

Sero-cystic sarcoma was the name given by Sir Benjamin Brodie to a form of disease which he first accurately described, although it is doubtless the disease referred to by Sir Astley Cooper as one of the forms of "hydatid" tumour of the breast. According to Brodie the disease begins by the formation of a cyst containing serous fluid, from the interior of which a solid growth takes place, filling up the cavity of the cyst more or less completely. By the gradual development and pressure of these intra-cystic growths, the skin covering the tumour may become thinned and ulcerated, and eventually a fungoid growth may protrude. This filling-up of the cavity is, however, by no means of constant occurrence; and not unfrequently large cysts are found in connection with sero-cystic sarcomata, as in the drawing I show you from Sir A. Cooper's *Illustrations of Diseases of the Breast*. This intra-cyst growth has been accepted by Mr. Paget as the correct explanation of tumours of the class described by Brodie; but he has put them under the heading of "proliferous mammary cysts," and has variously described the contents ac-

cording to their shape, size, and colour. These growths are generally allowed to be glandular in their origin; though in some cases, according to Paget, it is impossible to verify this fact microscopically. The researches of MM. Verneuil and Broca have, however, thrown some doubt upon the theory of the cystic formation of these tumours, as also of the denser form generally recognized as the chronic mammary tumour, of which I shall have presently to speak. According to these authors, the glandular nature of the growth within the cell is undoubted; for the pedicle by which it is attached in all cases to the gland, contains evidence of glandular continuity, under the microscope, in the form of long and straight tubes, filled with epithelium. They would, therefore, regard the disease as a variety of *adenoma*, or true glandular tumour, and the cyst as an accidental addition. The fact that, in many cases of sero-cystic sarcoma, the cyst is out of all proportion to the growth, may be held to support the latter view.

Fortunately for the practitioner, whatever may be the true pathology of the disease, its course and treatment are sufficiently ascertained. A disease of adult life, and most frequent in married women, cystic sarcoma is a slow-growing and generally painless affection, giving evidence of the existence of fluid at various parts. The size to which the tumour may develop is well shown in the drawing before you of a patient from whom I remember seeing Sir William Fergusson remove a breast weighing 19 lbs., and whose likeness is given in his *Lectures on the Progress of Surgery*. The fungous protrusion through the skin seen in her case is one of the common features of the disease in its later stages, and this doubtless led many of the older surgeons to confound this growth with other forms of fungus under the common term "fungus hæmatodes." The cystic sarcoma is not, however, a cancerous disease, although it may prove fatal by exhausting the patient's strength and vital powers; there is in connection with it no infiltration of the lymphatic system, nor any secondary deposit. At the same time it cannot be denied that cystic sarcoma has a tendency to recur, as in the case of Sir William Fergusson's already referred to, and in a case recorded by Mr. Cæsar Hawkins, where recurrence took place eight times. This recurrence is in all probability due to the increase and growth of some minute portion of the original growth which has escaped detection at the time of the operation. The obvious treatment, therefore, is to remove the entire breast in these cases, for nothing less will relieve the patient permanently.

I pass on now to a form of tumour of the breast, the glandular structure of which is generally admitted—the *adenoma* or *adenocele*, more familiarly known as the *chronic mammary tumour* of Sir Astley Cooper. This is usually an affection of early life—*i. e.*, between eighteen and thirty years, and occurs more frequently in the single than in the married woman. The tumour is often traced, or supposed to be traced, to some slight injury to the breast, the patient discovering a growth in the organ soon after having sustained some blow on the part. The pathology of this form of tumour is well ascertained, and it consists in a local hypertrophy of one of the lobules or *acini* of the breast, microscopic investigation showing a development of the true gland-tissue, and engorgement of the minute tubuli with epithelioma. At the same time there is a varying development of the fibrous or connective element, and thus some of these tumours in the Hunterian Museum were originally described by Paget as "fibro-cellular," on account of the disproportion of the connective to the glandular structure; whilst Broca describes as a separate class the "adenoma with predominance of stroma." According to Paget, the adenoma is developed from the interior of a cyst; but he remarks that "if all the mammary glandular tumours are of intra-cystic origin, it must be admitted that many of them very early lose the cystic form, and continue to grow as solid masses, for we find them solid when very small." The more recent researches to which I have already referred throw doubts, however, upon the intra-cystic development of these tumours; and as

their close connection with the true glandular structure of the breast is undoubted, though to some extent encapsuled, they are probably not cyst-growths. The progress of the tumour is slow, and for the most part painless, and would probably attract but little attention, were it not for the fear of cancer of the breast so constantly present to the female mind. Although generally single, more than one adenoid tumour may occur in the same breast, as in a single woman now under my care, in whom there are three small tumours at the lower part of the breast. Adenoid tumours have been met with large enough to weigh ten pounds; and occasionally, after being stationary for years, they undergo a sudden and rapid increase. When of large size, they are apt to undergo a process of softening, and then, should the skin give way, an outgrowth or fungus may protrude, identical in its nature with the benign fungus already mentioned in connection with sero-cystic sarcoma.

The diagnosis of this chronic mammary tumour is most important, and in many cases difficult. Undoubtedly, many cases of adenoma have been taken for scirrhus, and many of the vaunted cures of cancer depend in all probability on a similar mistake in diagnosis. The youth of the patient (for cancer of the breast is rare before thirty, which is the favourite period for the simple tumour), the mobility of the growth, the absence of the stabbing pain so characteristic of cancer, the healthy and non-retracted condition of the nipple and neighbouring skin, are all in favour of the adenoma. Another diagnostic sign of some value is the occasional occurrence of a sero-sanguinolent discharge from the nipple when the tumour is situated near that part; but, as already mentioned, this occurs in other growths besides the glandular tumour. The occurrence of cysts in connection with adenoid tumours must not be lost sight of, and their occurrence would render the diagnosis of a simple tumour more easy.

The appearance of these glandular tumours soon after the establishment of the menstrual function, and the undoubted fact that they not unfrequently disappear after marriage, during pregnancy, or during lactation, point to some intimate connection between the occurrence of these growths and the state of the uterine functions; and experience shows that the two organs, the breast and the uterus, have much in common. A transitory hardness and swelling of the breasts is not at all uncommon at the period of puberty, when the menstrual function is first established; and we find a few years later that the same sympathy exists. Patients suffering from adenoma of the breast will be found, on inquiry, to be often irregular, and frequently to be suffering from dysmenorrhœa or from some congested condition of the womb. A patient now under my care, who was sent to me for a supposed scirrhous tumour, which, however, was a rather hard adenoma, is suffering from retroflexion of the uterus, and her breast and uterus are returning to a healthy condition *pari passu*. This is not the time to enter into the treatment of uterine affections; it will be sufficient to say that your attention must be directed to them, and not concentrated solely on the breast.

With regard to the treatment of a tumour of the breast, one great point is to protect it from the anxious inspection and manipulation of the patient, who is apt to keep up constant investigation in order to ascertain its growth or diminution. In recent and slight cases of glandular enlargement, therefore, I simply employ a piece of belladonna plaster to cover the growth and the healthy tissue around it for a short distance. This should not be removed oftener than once a week; and, if persevered in for a few weeks, during which the general health and uterine functions are looked after, no further treatment may be required. Should the disease be of longer standing, however, it may be necessary to apply absorbents directly to the tumour, and for this purpose I prefer the iodide of lead ointment to any of the preparations of iodine, which last are apt to irritate the skin. The ointment may be conveniently applied beneath an opiate plaster spread on leather, and over it pressure may be applied either by bandage or strapping, a pad being used over the growth itself. A convenient method of applying pressure with plaster is to use

two straps, one a little wider than the other, and, having fixed them on opposite sides of the breast, to pass the end of the narrower one through a cross slit in the other, so as to make pressure on the tumour when they are drawn together. Another good plan is the "dove-tailed strapping" described by the late Mr. Maurice Collis, the two straps being cut so as to fit into one another, as shown in the specimens before you.

The good effects of continued pressure in cases of adenoma are undoubted; and in many cases of small size absorption will be produced, and in others a diminution of the tumour may be effected, though it does not follow that the growths may not enlarge again. It is the glandular element which is principally affected by this and other forms of treatment, and a small, hard mass, sometimes left after successful compression, is composed almost entirely of the fibrous stroma of the tumour. Hence, also, the harder and more fibrous forms of adenoma are unsuitable for compression treatment.

When an adenoma is increasing in size, or even when stationary, if it is painful and worries the patient, excision is the best remedy. The operation is a simple one, for it is only necessary to remove the growth, and not the entire breast; and if the tumour be carefully fixed with the fingers, so as to render the skin tense, a simple incision carried down to it at once will allow the mass to be readily enucleated without injury to the breast, if sufficient traction with the fingers or forceps be made on it. The wound usually heals readily, and the patient is at once relieved of her burthen.

The *irritable breast* of Sir Astley Cooper includes two forms of disease: one, where there is neuralgia of the breast without any tumour; and the second, where a painful tumour exists. In the former class the neuralgia depends in all probability on constitutional causes, and may be connected with the uterine function; and appropriate general treatment must be adopted. In these cases it is not unusual to find a general slight induration of the breast, but no distinct tumour. The cases of painful tumour are for the most part examples of chronic mammary tumour which have become painful; but other diseases of the breast of a simple character occasionally display the same tendency. The treatment for a painful adenoma would be the same as for the ordinary form of the disease—viz., sedatives and compression; but should the pain remain persistently, an early removal may be advisable. The possible occurrence of a neuroma or painful subcutaneous tubercle on one of the filaments of nerve in the mammary region must not be entirely overlooked, though its occurrence appears to be exceedingly rare.

In addition to these, which may be termed the common tumours of the breast, there are a few others occasionally met with. Thus, a true fibroid tumour of the breast is occasionally found; and so also the fibro-cellular tumour, of which a good example is recorded by Mr. Bryant in the *Pathological Society's Transactions*, vol. xix. A recurrent form of fibroid has also been met with in the breast; but of this I shall speak in connection with the cancerous growths.

Another form of fibrous disease is that described by Virchow as diffuse fibroma of the breast, or, as it has otherwise been called, benign induration of the breast. This consists in at first a painful enlargement of the whole organ, followed by a contraction of the interstitial fibrous tissue and atrophy of the breast-substance. Virchow compares this to the interstitial inflammation met with in the lungs, liver, and kidneys, and figures a section of a kidney with white fibrous masses in it. Now, we have learnt of late years, and chiefly from the labours of Dr. Wilks, that fibroid deposits in various organs are the result of syphilitic infection, and I am inclined to think that this condition may occur in the breast.

Since writing the above, I have found that, though English authorities are silent upon the subject of syphilitic disease of the breast, yet it has been recognized in France for some years. Lancereaux, in his work on Syphilis (Sydenham Society's translation, vol. i.), recognizes two distinct forms of syphilitic disease of the breast—the diffused or *syphilitic mastitis*,

and the circumscribed or *gummy mastitis*. An Italian surgeon, Dr. Ambrosoli, has also described three cases of the diffuse form of the disease. The gummy tumour of the breast is liable to be confounded with adenoma, and has no doubt been removed for it. A specimen removed from a man by M. Verneuil resembled in its structure a softened encephaloid growth, and exuded a creamy fluid on pressure. Fortunately, in most cases of the kind, the formation of similar tumours in other parts of the body would assist the diagnosis; but where there is evidence of infection of the patient's system (and, for myself, I always believe in such an infection where there is a history of frequent abortions, even without other evidence), a trial should be given to the administration of the iodide of potassium in large doses, and the local inunction of mercurials.

A still rarer form, or at least little recognized form of disease in the breast, is the *myxoma*, or mucous tumour of Virchow, a soft gelatinous growth, often confounded, no doubt, with colloid disease.—*Lancet*, June 17, 1871.

HOSPITAL NOTES AND GLEANINGS.

Pathological Facts indicative of the Conveyance of Disease by Disordered Nerves.—The following observations made at Guy's Hospital, by Dr. MOXON, afford interesting evidence in favour of the transmission by nerves of irritations capable of producing, at their peripheral extremities, grave morbid changes similar to those which have taken place at their centres of origin. We join with Dr. Moxon in hoping that their publication may incite other pathologists to bring forward any facts bearing upon the subject which they may have met with in the course of their investigations.

In reference to these cases, Dr. Moxon says that the fact of nerve-disturbance exciting certain kinds of nutritive changes is illustrated by common examples of the states called "zoster;" by the not unfrequent occurrence of rheumatoid inflammation in the joints of the lower extremities in subjects of paraplegia; by the changes occurring in the retina in intracranial disease; by ulceration of the duodenum, or even of the stomach (of which he has recently seen a marked instance), in burn cases; and by the power of partial division of the fifth nerve to induce ulceration of the cornea, which has lately been reaffirmed. He thinks also that the circumstances and characters of certain other ulcers of the cornea and of the stomach are but phases of hyperæsthesia, and should be treated as being essentially nervous.

CASE 1.—While the body of a boy was under inspection, it was noticed that in either side of the chest there was a remarkable band of old pleuritic thickening. This took the course of the third and fourth dorsal nerves so exactly on each side in the parietal pleura, that Dr. Moxon was induced to examine the spinal cord at the point of origin of these nerves for some explanation of so remarkable an appearance. It was then found that at the parts of the cord which gave rise to the third and fourth dorsal nerves, there was an old dilatation of the ventricular cavity. This dilatation would admit a No. 4 catheter, and was two inches long. It was closed at its ends, and the medulla around appeared quite healthy. The wall of this hydro-myelocele was a little thickened. There was no other dilation of the cord's ventricle, nor any other disease of the nervous centres, discoverable. It was scarcely possible to regard this as a mere coincidence. It was no common pleurisy. The peculiarity of its appearance led to the examination of the cord, which otherwise would not have been made. The boy had exhibited no spinal symptoms.

CASE 2.—A woman died in the clinical ward of paraplegia. On inspection it was found that a tubercle, of the size of a small marble, occupied and almost destroyed a part of the cord opposite the eleventh and twelfth dorsal intervertebral substance. In the abdomen a remarkable appearance was presented: neither the upper part of the cavity nor the peritoneum of the true pelvis showed any tubercle, but a zone of crowded miliary tubercles extended round the cavity in the peritoneum lining the false pelvis and hypogastrium; there were none on the

viscera. The limitation was remarkable, and the relation of these tubercles to that in the corresponding part of the cord could scarcely be a coincidence. It is known to morbid anatomists that tubercles on the peritoneum, though they prefer the parietal to the visceral layer (except in the case of the omentum), adopt the diaphragm as their favourite seat, and, as a rule, are rather generally scattered; but Dr. Moxon did not recollect having ever before seen such a distribution of tubercles as in this case. Their situation corresponded very significantly with the affected portion of the cord.

Case 3.—A woman had painful paraplegia, with headache, aphonia, and paralysis of the left side of the tongue. The post-mortem examination revealed a free scattering of cancer (soft round-cell sarcoma) in the course of the spine, in the bones. A mass of this cancer grew in the basilar bone, and destroyed the eighth and ninth pairs of nerves on the left side. There was no visceral cancer. The cricoid cartilage was in a singular state: the greater part of its left side was in a pulpy condition. This part was rather sharply demarked from the rest of the cartilage. Dr. Moxon made microscopical examinations on several occasions, but could not determine whether the state of the cartilage was or was not *its* sarcoma. There was some proliferation of the cells, but not very much. The intercellular substance was soft and fibrillar, and reduced in amount. But the appearance was different from that of the other cancer growths; and it was hard to say how far the very unusual circumstance of a development of cancer in cartilage determined the difference of minute structure, or whether some other form of altered nutrition had been in operation. Whichever view were true, it was scarcely possible, Dr. Moxon thought, to avoid concluding that the disease at the root of the eighth nerve of the same side had caused the change. The muscles were atrophied, and the nerves wasted.—*Lancet*, June 17, 1871.

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Effect of Pregnancy on a Fibroid of the Uterus.—A. E., aged 29, married, and the mother of three children, admitted into the Royal Infirmary, Edinburgh, under the care of Dr. Matthews Duncan. Had enjoyed good health up to the time that her second child was born, when she had an attack of what she calls childbed fever. Twelve months after the fever she aborted at the third month, and since then she has aborted twice—at the eighth week and at the seventh week respectively. About four years ago a tumour was detected by her ordinary medical attendant, low down in her abdomen, in the region of the right iliac fossa.

When first examined in the Infirmary she was about five months gone with child; a tumour, about the size of a fœtal head, occupied the right iliac fossa—it was closely connected with the uterus. As pregnancy advanced this tumour was observed to increase in size, and to become soft, which gave it a feeling as if filled with fluid. On returning, five months after her confinement—which was quite natural—the tumour had diminished in size, being then no larger than a turkey's egg. The probe entered the uterus three and a half inches. At this time she expressed herself as enjoying good health, complaining of nothing. A year and a half after confinement the tumour had again increased in size, so as to fully occupy the upper part of the cavity of the pelvis. About this time she missed a monthly period, but at the following period she menstruated very profusely. When examined during the attack of suppression of the menses, the tumour was found to project above the symphysis pubis, to be about the size of the fist, and quite movable; on the other hand, after the menorrhagia, the uterus and tumour were observed to have shrunk into the pelvis.

Remarks.—It is a question of moment to patient and practitioner—one which has been answered both in the negative and the affirmative—whether or not a fibroid of the uterus may disappear spontaneously. On the solution of this question our belief regarding the efficacy of remedies towards promoting this much-desired object will in a great measure be modified. The case before us undoubt-

oves that a change in size may be
ed by the supervention of preg-
that the disease increases with the
of pregnancy, and that after par-
n, when the uterus undergoes invo-
the fibroid partakes in the diminu-
bulk consequent on this. In the
sported, the varying size of the tu-
under different conditions was care-
examined and noted at the time.
first seen, A. E. was pregnant; at
me the tumour was as large as a
head. She did not make her ap-
ice again until five months after
ment, so that an opportunity of
g of the full effect of involution
uterus on the dimensions of the
was not afforded us. At that time,
er, a change in size was to be ob-
; it was reported as being not
than a hen's egg. The next report
ade eighteen months after confine-
then it had increased in size so as
y occupy the cavity of the pelvis.
the whole of this period little or
itment was had recourse to, so that
se illustrates what takes place when
sease is left to the unaided efforts
ure.—*Med. Times and Gaz.*, July 15,

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

*ion of the Forearm by a Saw success-
reated.*—H. S. ROBERTS, of Manhat-
ansas, records (*The Medical Herald*,
1871) a remarkable case of this.
orkman in a saw-mill, while reach-
to the saw-pit while the saw was in
, had his right arm caught by the
ng saw, and in an instant almost
ly severed. When seen by Dr. R.
ound, upon examination, that both
and ulna, with all the extensor
s of the forearm and surrounding
, were divided diagonally across the
m, from about one inch above the
articulation of the radius, to about
ches above the head of the ulna—
at both radial and ulnar arteries
he flexor tendons, and about two
half inches of the integument, were
red." The patient begging most piteously to have his hand saved, Dr. R. determined to attempt doing so. The next morning, having anæsthetized him, "the operation was performed by removing all the spicula, and excising the ends of both parts of the fractured bones, the parts were adapted, and the edges of the wound brought together with the interrupted suture. The arm was then dressed with an anterior long splint—a modification of Bond's—with the hand well extended, so as to allow the ends of the extensor tendons to be caught by the cicatrix, the fingers semi-curved, and all held in place by a few turns of roller bandage. He was then directed to be brought to Manhattan, that he might be under my more immediate care.

"The subsequent dressing was cold water with carbolic acid, which, with an occasional opiate or laxative, completed the medication. A full diet was kept up, and on the ninth of November he was discharged—the wound having healed and the bones apparently united, as there was no indication of mobility or rotary motion to the forearm. Passive motion to the fingers had been begun some time before the case was dismissed. This was directed to be continued, as also that of the wrist.

"I heard from my patient occasionally: that he was having the use of the arm and hand; that he worked at binding grain during harvest, and in the autumn and winter that he used them in chopping.

"I sent a request to him to call on me, as I wished to examine his arm, which he did on the fourteenth of April last, one year and a half after the injury was received, when I found that he had perfect motion at the wrist-joint, almost perfect use of all the fingers and thumb, and, very much to my surprise, that he had the rotary motion of the forearm, but that it was through the medium of a *false joint* at the point of fracture of the ulna. As was anticipated, with each motion of the fingers, the cicatrix moved up and down the arm."

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Exsection of Head of Femur for Morbus Coxarius.—Dr. SAYRE exhibited to the New York Pathological Society (April

26, 1871) several specimens of exsection of the head of the femur for morbus coxarius. The first was from a child four and a half years old, who had suffered from hip-disease for two years, at the end of which time it exhibited all the characteristics of the third stage. The disease was caused by a fall down a flight of stairs.

Dr. Sayre saw the case for the first time April 2d, and then opened a large abscess. On account of the size of the latter, the operation for exsection was postponed until the 22d, in order to give the sac a chance to retract. The head of the femur was found lying loose in the cavity, and the unhealthy portion of the cervix was removed by the saw. The child was placed in wire breeches, and in the course of the next twenty-four hours was well enough to be driven out to take the air in Central Park. Since then there had not been an untoward symptom. The point of interest was the speedy and satisfactory recovery of the patient.

A second specimen was from a child five years of age, sent to Bellevue by Dr. Dunster. The case had advanced to the third stage. The head of the femur was removed on the 28d of February. An attempt was made to adjust the wire breeches; but not having a pair to fit, Dr. —— placed the child on its belly, and made a plaster cast of the back and posterior portions of the lower extremities, by which means the hip was kept perfectly steady, and the patient made comfortable.

A third specimen was removed on the 28th of February, from a boy nearly nine years of age. His case had likewise advanced to the third stage. The disease was the result of a fall from a wagon two and a half years before. After the operation the wire breeches were used. The wound was nearly healed ten or twelve days ago. The only drawback was a bedsore on the sacrum and on the back of the heel. There was very little shortening in the last two cases.

Dr. Flint asked if Dr. Sayre had found any connection between morbus coxarius and pulmonary phthisis, in regard to cause and effect; whether, in a word, there was any special liability to phthisis when the matter was so long pent up as it must have been in these cases.

Dr. Sayre replied in the negative, and stated that he had performed in all thirty-nine operations, with eight deaths. In only two was there any tuberculous disease of the lungs found post-mortem. Nine of the thirty-one are living, and have as yet shown no signs of phthisis.—*Medical Record*, August 15, 1871.

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Case of Poisoning from the Bite of a Rattlesnake; Administration of Chloral; Recovery.—J. H., a young man living at Point Pleasant, N. J., had a habit, when he saw a snake lying in his path, of catching it by the tail and cracking its head off. By mistake he "caught a Tartar," in the form of a young rattlesnake, and was bitten through the finger before he could accomplish his purpose. Dr. Robert Laird, of Squaw Village, N. J., saw him an hour afterwards and found him in convulsions, finger and hand swollen, pulse intermitting, eyes glaring and bloodshot, teeth set. He immediately placed a tight ligature about the wrist, scarified and cauterized the wound, and applied a poultice of strong ammonia and tobacco. The patient, before the doctor's arrival, having taken half a pint of whiskey, he gave him a hypodermic injection of morphia. The convulsions still continuing, he pried open his mouth and gave him gr. xx of hydrate of chloral every ten minutes; after taking the fifth dose the convulsions ceased, he sank into a deep sleep of several hours' duration, and afterwards had no more of them. Three days afterwards he was sitting up, convalescent.—*Medical Record*, Aug. 1, 1871.

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Condurango.—We have already expressed our want of faith in vaunted powers of this supposed new remedy for cancer, and all that we have since learned has not tended to weaken our scepticism. Dr. Antisell, of Washington, who has analyzed the article, has failed to discover in it any active principle, alkaloid, volatile oil, or acid, to which active properties could be ascribed, merely a small per cent. (2.7) of yellow resin soluble in alcohol.

The three cases reported by Dr. Bliss (*N. Y. Med. Journ.*, July, 1871), in which he has administered the medicine, seem to us to be very far from justifying his sanguine expectations of their ultimate cure. The editors of the *National Medical Journal* (Aug. 1871) state that they have been disappointed in obtaining for publication at present two reports, now on file in the archives of the Department of State, but that they have "learned through unofficial sources that both reports are unfavourable, in both instances the patients (two) have died." There are few empyrical remedies in regard to which as reliable testimony might not be adduced in favour of their efficacy as has so far been brought forward as to the remedial powers of condurango.

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Medical College of Ohio.—Dr. W. W. Dawson has been elected to fill the vacancy in the chair of Surgery in this institution caused by the death of George C. Blackman, M.D. The appointment is regarded as a most excellent one.

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The Medical World.—This is the title of a new monthly medical journal edited by Reuben A. Vance, M.D., and published by Wm. Baldwin & Co., of New York, and of which the first number was issued in July last. We welcome it to our exchange list.

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Obituary Record.—Died at Cincinnati, on the 19th of July, in the 53d year of his age, George C. Blackman, M.D., Professor of Surgery in the Medical College of Ohio. Dr. Blackman graduated in medicine at the College of Physicians and Surgeons, New York, in 1840. In 1847 he was honoured by an election to the Fellowship of the Royal Medical and Chirurgical Society of London, and in 1853 was appointed to the Professorship which he held at the time of his death. His contributions to medical literature were numerous and valuable; not only did he write for the pages of our periodical literature, but also edited the last edition of *Mott's Velpeau's Operative Surgery*, and translated with annotations *Vidal on Venereal Diseases*. His surgical judgment was sound, his operations well conceived and bold, and his teaching erudite. He did much to extend the fame of American surgery, and in his demise American surgery has met a severe loss.

We regret to learn that Dr. Blackman has left his family inadequately provided for, and are happy to announce that a *Blackman Testimonial Fund* has been formed for the benefit of his widow and children. Contributions to this fund may be forwarded to Drs. M. B. Wright, E. B. Stevens, and W. W. Dawson, of Cincinnati.

FOREIGN INTELLIGENCE.

Chorea of the Tongue from Emotion.—M. Amedee Latour, describing the bombardment of Chatillon, thus speaks of its effect on himself. "During the first days I had tremblings at every discharge of cannon, together with strong and frequent palpitations of the heart and tremor of the hands. My tongue was seized with a kind of insupportable chorea, which, indeed, I have often experienced on the occurrence of vivid emotions, of which, during my life, I have had my share. It is a strange phenomenon, which I have seen nowhere described. The muscles of the tongue are seized with convulsions, which cause the organ to execute irregular movements to the right and left, fix it against the palate, or curve it back on the frænum—keeping it in constant motion, and occasioning a most unpleasant and irritating sensation. Speech is impeded, and articulation painful, so that it is impossible to read aloud, and to converse is a matter of difficulty. These lingual movements are entirely independent of the will, which can neither arrest nor modify them, whatever effort be made. Sleep suspends them; but they reappear soon after waking. This inconvenience lasted during the first week, but after then, as I became accustomed to the noise, the lingual and cardiac muscles resumed their normal action."—*Med. Times and Gaz.*, July 22, 1871.

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Preventive Treatment of Lead-Poisoning.—M. Péligot, director of one of the principal glass manufactories in France,

noticed some time ago that two of his workmen, who were in the habit of drinking a quantity of milk daily, were quite free from symptoms of lead-poisoning, from which the other persons employed suffered extensively. He consequently caused each of his workpeople to bring to the manufactory a quart of milk daily; and from the time when this mode of diet was commenced, there has not been a single case of lead-colic. Dr. Méhu recommends, as a means of removing the fine lead-particles from the skin, the use of baths of hydrochlorate of soda. A solution is prepared by mixing 400 *grammes* (about 13 ounces) of dry chloride of lime, 800 *grammes* of crystallized carbonate of soda, and 10 *litres* of water. This is sufficient for a bath of 44 gallons. The person remains in the bath about half an hour, and rubs with his hands or with a brush the parts where the lead has been deposited.—*Brit. Med. Journal*, July 15, 1871, from *Journal de Méd. et de Chirurgie Pratique*, Mars, 1871.

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Nephrotomy.—Dr. MEADOWS performed the operation of nephrotomy on July 1st under rather peculiar circumstances. The operation was performed for the relief of a patient who presented the symptoms usually recognized as those of ovarian dropsy, but, on opening the abdomen, the tumour was found to be a large cyst of the kidney. The true structure of the organ had almost entirely disappeared, while the other kidney was apparently healthy. Dr. Meadows, in the belief that the removal of the diseased organ presented the best method of treatment, accordingly applied a ligature, as in the operation for the removal of ovarian tumour. Unfortunately the case proved fatal on the the sixth day from hemorrhage, which took place from the pedicle. The mass was separated close to the spine, and the ligature was applied within an inch of the vena cava. There was not the slightest trace of inflammation anywhere. The gradual and ultimately complete destruction of the secreting substance of the kidney no doubt led to complementary enlargement of the healthy organ on the opposite side, and diminished to a minimum the chances of uræmic symptoms supervening after the operati but such would likely be the condition the majority of cases in which it might advisable to perform the operation nephrotomy. The cause of death appea to have been purely accidental, and alt gether the case lends support to the vie that the operation is not so intrinsicall formidable as has been generally su posed.—*Brit. Med. Journal*, July 8 and 1 1871.

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Treatment of Divided Tendons.—In tl case of a young man who had received wound from a billhook on the back of h hand, dividing the extensor tendon of tl middle finger, Dr. Bessières had tw splints made, curved on the flat: one, tl palmar splint, was large enough for tl hand; while the dorsal one was two finge breadths wide. The wound was united t a suture passing through the skin only the concave surface of the palmar split was then applied to the hand, and th convex surface of the dorsal splint to th middle finger, which was kept thus (wit the aid of diachylon plaster) in a state o extension. At the end of three weeks little stiffness in flexion remained; an six weeks after the injury the man ha complete use of his finger.—*Brit. Med Journ.*, July 29, 1871, from *Annales de l Société Méd.-Chir. de Liège.*

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Subperiosteal Resection of Joints.—Thi method has lately been illustrated in striking manner by Dr. Czerny. Thi surgeon showed, at a meeting of the Med ical Society of Vienna, the elbow-joint o a girl who had just died of pneumonia and upon whom subperiosteal resection had been performed by Prof. Billroth three years before. The form of the joint had been regenerated, the cartilagi nous covering and synovial membrane be ing clearly apparent, as in a healthy ar ticulation. The shape of the articular surfaces, however, was somewhat differ ent from the normal aspect, and had some analogy with the structure of the knee joint, as interarticular ligaments had been thrown out, but without interfering with mobility. The insertion of muscles looked

quite natural, and the tendon of the biceps being spread out, gave more power and leverage to the movements of flexion. We have had, on several occasions, to remark that this mode of operating has not found sufficient favour in this country. —*Lancet*, July 17, 1871.

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Perchloride of Iron and Manganese in Necrosis, Fistulous Sinuses, and Hydrocele. —Prof. Marcacci states (*L'Imparziale*) that: 1. Perchloride of iron and manganese, injected into fistulous sinuses, destroys the pyogenic membrane, modifies the state of the walls, and favours cicatrization. 2. In necrosis it acts on the confines of the living bone, stimulating its vessels; so that the detachment and separation of the dead bone are facilitated by the formation of new vessels in the living. 3. In hydrocele it soon modifies the inner surface of tunica vaginalis, which becomes filled with plastic exudation, attended with more or less inflammation, according to the quantity and strength of the injection used. 4. It is not necessary that the tunica vaginalis should be distended by the injection, it is sufficient that the liquid be brought in contact with all parts of the membrane. 5. Very little pain is produced by the contact of the solution, but it is not the less efficacious. 6. A weak solution is sufficient, which should be kept in two minutes. 7. In seven cases of hydrocele, in which the injection was used, hard œdema followed, but was not a serious complication.—*Med. Press and Circular*, July 12, 1871.

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Hydramyle.—Dr. Richardson, in continuing his researches on the physiological action of the light hydrides, has recently succeeded in rendering one of the series applicable for the production of general anæsthesia, and has administered the vapour of it to the human subject, for short operations, twice during the present week, and with marked success. He proposes to call the substance hydramyle. The vapour is so rapid in its action, that, in a case of extraction of a molar tooth, the patient was rendered insensible, the operation was performed, and recovery was completed in fifty seconds. For tooth-extraction Dr. Richardson lets the patient inhale for twenty or twenty-five seconds, and then, although there is still consciousness, he withdraws the vapour. After this, a deep but brief stage of unconsciousness comes on, during which the operation is carried out. The delay in the production of anæsthesia is due to the insolubility of the hydramyle—that is to say, after the lungs are charged with the vapour, time is required for the blood to take up the narcotic and carry it to the nervous centres. The same phenomena may be observed, in a lesser degree, from bichloride of methylene and from methylic ether. For short operations, such as tooth-extraction, the occurrence of deeper insensibility after the inhalation has been stopped is an advantage, and the fact that the insensibility intensifies for a short time, as stated, will have to be specially remembered by administrators. *Med. Times and Gaz.*, July 1, 1871.

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Ozonic Ether as a Deodorizer and Disinfectant.—In a letter to the editor of the *Australian Medical Journal*, Dr. John Day, of Geelong, strongly advocates the employment of this preparation. He states that for the last six years he has kept water-closets perfectly free from all offensive odours, by hanging a piece of sponge against the wall and occasionally pouring over it a few drops of a mixture of ozonic ether and oil of cassia, in the proportion of twenty drops of the latter to an ounce of the former. In the sick-room he found ozonic ether of great value as a deodorizer and disinfectant, particularly for the purpose of purifying the air after the night-stool has been used, when all that is necessary is to pour three or four drops of it on a piece of paper and throw it into the vessel. If used in large quantities it is liable to produce headache. In the proportion of one or two ounces of the ether to a pint of water, Dr. Day employs it with advantage as an injection in those uterine diseases which are accompanied by offensive discharges, and he finds that it not only at once deodorizes the discharge, but acts as a most agreeable sedative. He finds that ozonic ether added to pus gives rise to decomposition, accom-

panied with pretty active effervescence, and that after a time the corpuscles become shrunken or altogether destroyed. May not this fact have an important practical bearing in checking the spread of those diseases that are assumed to originate in the presence of pus-cells with air?—*Med. Times and Gaz.*, June 24, 1871.

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Cotton-wool as a Surgical Dressing.—The surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. In consists in introducing a quantity of cotton-wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb—to take this case—is then wrapt round and round with cotton-wool, quite dry and alone; a bandage is then applied, and that is all. The bandage is pressed a little tighter on following days, if necessary, so that there may be a mild compression; but the dressing remains undisturbed till the 20th or 25th day, when, on removing the packet of wadding, a glassful of pus is found within the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amidst the extraordinary mortality which has attended all the amputations done since the beginning of the German siege, has already obtained by this means six successful cases of amputation of the thigh out of nine, whilst all his amputations of the leg are doing well. This has created quite a sensation here in the surgical wards of the hospitals, and Professor Gosselin, of La Charité, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis.—*Lancet*, July 15, 1871.

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Paracentesis Thoracis in Pleuritic Effusion.—M. Constantin Paul has published, in the *Bulletin de Thérap.* (July 30th, 1871), eight very interesting cases, in which it is plainly evident that early tapping of the chest in undoubted pleuritic effusion is far more favourable than diaphoretics, derivatives, &c. The tapping, as was the case with Trousseau, is not used as a mere palliative, but in view of an eventual cure. M. Paul uses Raybard's instrument, which is fitted to a bag of goldbeater's skin, and has found that no air penetrates the chest.—*Lancet*, A 5, 1871.

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Prediction of the Day of Confinement. Dr. Duncan, criticising (*Edin. Med. Jo nal*, 1871) Dr. Ahlfeld's memoir on t duration of pregnancy, says calculati must be empirical. He takes the fc lowing method: Find the day on whi the woman ceased to menstruate. Tal that day nine months forwards as 2 days, unless February is included, wh it is taken as 273 days. To this add thr days in the former case, or five if Febr ary is in the count, to make up the 2 days. He tests this by 153 cases. T prediction should not state the week, b the fortnight of delivery.—*Brit. and F Med.-Chir. Rev.*, July, 1871.

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Cholera.—The rumoured extension cholera from Russia into the Baltic pr inces of Prussia has very naturally caus alarm lest the malady should again spre to West Europe. The news requires co firmation; and much of the alarm depe upon a mistaken notion of the rapidity diffusion and direction of progress of t epidemic. One account describes the d ease as having made its way in the famil cholera route from Persia through Rus to the shores of the Baltic; and the R istrar-General, in his last weekly rep writes that "Asiatic cholera (as it v a painful duty to announce early last Ju is entering Western Europe through R sia, where, Dr. Zuelzer says, it is f advancing on the German frontiers. the second week of this month it br out in Wilkowyski (a town of Poland, the road to Konigsberg, west of the N men), where 34 deaths occurred within few days. The epidemic has prevailed Wilna for four weeks, and from 10 to 1 deaths are reported daily. At its pres rate of progress it may reach Germany i two or three weeks."—*Lancet*, July 2 1871.

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Curious Case of Congenital Malforma tion.—A very interesting case of malfor mation of a precisely similar nature oc curring in three members of the same family, has lately been seen among Dr Squarey's out-patients at the Soho Hospi-

tal. The patients are three sisters, aged respectively 26, 18, and 16. The eldest of the three was aware of her abnormality, and came to the hospital to see if anything could be done for her. On examination, the vagina was found to be merely a cul-de-sac, about three inches in length; no os uteri was to be felt, and every method of examination only tended to show that the uterus was absent. She casually mentioned that her younger sister, like herself, had never menstruated. The second sister was accordingly examined; her vagina was a cul-de-sac, about half the length of her elder sister's, and no evidence of a uterus could anywhere be detected. The youngest of the three sisters was also found to be in the same state. This is a very interesting, and, we should fancy, an almost unique case; for although it is common enough for malformations to occur in several members of the same family, they have generally been inherited from one or the other parent, and in the present instance it is difficult to conceive how this could have happened. It would be interesting to know if any similar malformations exist in any of the collateral branches of the family. It is impossible that such can have existed in the direct line. The mother of these patients is, we understand, the second wife of her husband. All her husband's first family, including three daughters, are quite healthy, the daughters having married, and borne children.—*Lancet*, July 29, 1871.

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Murders by Lunatics.—There have been several cases of murder by lunatics investigated lately, and in more than one of these the murderer was known to be insane before the commission of the crime. One instance was that of a man who destroyed his wife, but had been to a Roman Catholic priest a day or two before, who had refused to confess him on the ground that he was not in his right mind. Another case was that of Charles Sleight, a teacher, who murdered a deaf and dumb woman, the matron of the Deaf and Dumb Asylum at Hull. His conduct before the murder had led both his victim and her brother to state that his head was affected. These cases point a moral that the English Legislature is slow to learn. If the persons in question had, at least, been placed under medical treatment and surveillance, with temporary restraint, the crimes would certainly have been prevented, although some medical man might have been made the victim of an action for false imprisonment.—*Med. Times and Gaz.*, August 5, 1871.

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English Aid to France.—Counts de Flavigny and Serrurier, representatives of the International Society for the Relief of the Wounded, and Drs. Ricord and Demarquay, surgeons of the "Ambulances de la Presse," have visited London for the purpose of expressing to the British nation the thanks, not only of the two societies they represent, but also of the French Government, for the generous relief afforded to their countrymen during the late war. They brought with them the Cross of Commander of the Legion of Honour conferred on Colonel Lindsay, the President of the English Society, for succour to the sick and wounded, by the government of France in recognition of the valuable services performed by the society. The medical profession of London entertained the distinguished gentlemen at a dinner at which Sir William Fergusson presided, and at which the most friendly and cordial sentiments were expressed.

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Obituary Record. — Dr. Liegeois, Vice-Professor at the Paris Faculty, and the author of several well-known works on anatomy and physiology, recently died suddenly at Paris. He had accompanied an ambulance during the war as chief surgeon, and the wear and tear of the campaign had much prostrated him.

——, at Brighton on the 7th of July, Thomas Hawkes Tanner, M.D., aged forty-six years. Dr. Tanner is well known in this country as the author of a "Practice of Medicine" of "Signs and Diseases of Pregnancy," of a "Practical Treatise on the Diseases of Infancy and Childhood," and several other works. Dr. Tanner, had suffered for years from slight albuminuria and frequent prostrating headaches. He was an instance of the sad results of overwork of body and mind, of which so many professional men are guilty.

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GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Recurrent and Malignant Tumours of the Breast. By CHRISTOPHER HEATH, F.R.C.S., Surgeon to the Hospital for Women, and Assistant Surgeon to University Hospital.

GENTLEMEN: In the present lecture I propose to describe those more serious forms of breast disease which tend to destroy life, either by their constant recurrence, or by involving the patient's system and producing a specific cachexia. I avoid the word "cancer," because it is so difficult to define accurately what is meant by the term. If microscopic evidence alone is to be relied on, many growths will be put down as cancer which the clinical history will exclude from that category; and even the highest authorities are not agreed as to whether undoubted cancer is a local manifestation of constitutional taint, or whether the disease is at first purely local and the constitutional affection a consequence of the local mischief. I should be inclined to group together under the term "malignant" both the forms of disease I have mentioned whose tendency is directly to destroy life, reserving the word "cancer" for those tumours which, in addition to naked-eye and microscopic appearances generally recognized as characteristic of that disease, have a clinical history showing progressive infection of the lymphatic system, leading to secondary deposits and a constitutional cachexia.

The *recurrent fibroid* or *fibro-nucleated tumour*—the chief characteristics of which are a close external resemblance to the ordinary fibrous tumour, but a tendency to recurrence after removal, with a pro-

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gressive softening of successive growths—is occasionally found in the breast, and an excellent example of it has recently been put on record by Mr. Nunn. (*Path. Soc. Trans.*, vols. xviii. and xix.) The tumour was developed in the right mamma, and measured 23½ inches in circumference, weighing 4 lb. 12 oz. after removal. The patient was twenty-eight years old and the mother of two children; and the tumour had grown in two years, ulcerating through the skin at the centre of the growth fourteen months after it was first perceived. There was no enlargement of the lymphatic glands. The tumour was removed in March, 1867; and the patient made a good recovery. The tumour was lobulated and its structure fibrous, with spindle-shaped cells in abundance. Towards the end of May the patient discovered a fresh outgrowth; and on her readmission to hospital in July a mass the size of two fists was to be seen at the site of the original tumour. On July 31st Mr. Nunn repeated the operation, but it was evident at the time that the disease had extended through the intercostal spaces and could not be entirely removed. Fresh sprouting of the growth occurred, and the patient died exhausted on October 23d of the same year. At the post-mortem examination, no secondary deposit in internal organs was found, but the tumour was seen to have invaded the pleural cavity, forming rounded protuberances underneath the costal pleura. Microscopic examination showed the tumour to be composed of filamentous tissue abounding with nuclei, and such as would be generally classed as a fibro-nucleated tumour.

The experience of these recurrent tumours in other situations besides the breast is conclusive as to the necessity for complete and early removal, and therefore nothing less than the removal of the entire breast should be thought of when any recurrence of an apparently simple tumour takes place. Even then the prospects of the patient are as gloomy as in true cancerous disease; for the growth is almost certain to reappear, and to destroy the patient, either by the exhaustion of repeated operations or by involving the pleural cavity.

The *myeloid tumour*, whose characteristic is the large multi-nucleated cells resembling those of the fœtal marrow, is found much more frequently in connection with bones (and especially the jaw-bone) than in the mamma. Doubts have been thrown upon the return of myeloid tumours; but, from what I have seen in the case of the jaws, I have no doubt that myeloid tumours are frequently, though not constantly, reproduced. I have never met with a case in the breast, and must therefore content myself with referring to one recorded by Mr. Paget. The patient was fifty years of age, and had an irregular tumour, between two and three inches in diameter, in her left breast which had existed for nine months. On removal, it proved to be myeloid; and eighteen months later the patient returned with a large ulcerated tumour in the corresponding axilla, from which she died.

The forms of cancer occurring in the breast are, scirrhus, medullary, and colloid; and their frequency agrees with the order in which I have placed them, scirrhus being more common than medullary disease, and colloid cancer being of rare occurrence.

Scirrhus or *hard cancer* is rarely seen before thirty years of age, and may appear at any period after that, but about fifty is the most common age for the disease to show itself. Unmarried women appear less liable to the disease than married women. Thus, of 260 cases of scirrhus given by Mr. M. Baker, 28 per cent. were in single women, 72 per cent. in married women, and 4 per cent. widows; and consequently, as Mr. Paget remarks, the percentage among single women is smaller than in the female population generally. Commencing as a small nodule, so painless at first that it is often overlooked for some time, the disease slowly increases in the majority of cases, though occasionally, in what has been termed acute scirrhus, the increase is rapid. Soon, as a rule, pain is experienced in the tumour, of that peculiar lancinating or stabbing character which is often looked upon as pathognomonic; but it must be remembered that absence of pain is by no means conclusive as

the non-malignancy of the tumour, since some cases of scirrhus run their course with little if any suffering. As the tumour increases, the tendency to involve and drag upon the surrounding tissues is developed: and thus, if the disease is central, the nipple becomes retracted and fixed; or if peripheral, the skin overlying it is bound down and dimpled. Lymphatic enlargement now takes place, the glands along the axillary border of the pectoral muscle being those ordinarily affected, though the glands above the clavicle are also liable to infiltration, particularly when, as Sir Astley Cooper has remarked, the original disease is on the sternal side of the nipple, so that the internal mammary lymphatics become the means of conveyance of the morbid material.

Ulceration of the retracted skin is the next pathological feature, and there is, I think, more variation in this than in any other part of the disease. In some cases the ulceration is so slow, and the consequent discharge so slight, that the patient is able, for months and even years, to conceal her malady from her nearest relatives and friends; whilst in others the ulceration proceeds with rapidity, and extends either widely or deeply — for it rarely does both. The depth to which scirrhus may penetrate is of course limited only by the pleural cavity, perforation of which has been often witnessed; but to the extent to which scirrhous ulceration of the skin may reach there is really no limit save the vital powers of the patient. Thus, a fortnight since, I saw a woman, in very fair general health, with an enormous ulcerated surface on the chest and axilla of the size of a plate, which showed no tendency to become arrested but by the death of the patient.

By the time the skin over a scirrhous breast has become at all extensively ulcerated there will in most cases probably be some amount of constitutional cachexia produced, particularly if enlargement of the lymphatic glands has been an early symptom in the case. Added to this, we have the œdematous and painful condition of the arm due to obstruction of the axillary vein by the cancerous deposit; and the patient is at last worn out with the pain and suffering acting upon a lower vitality. The duration of a case is affected very much by the age and constitution of the patient, its course being slower in the older and less plethoric individual; but the dictum of Sir Astley Cooper may be considered a fair one, taking the average of cases—namely, two years for the full development of a scirrhous breast, and from six months to two years longer for a fatal termination to the case. Instead, however, of running its ordinary course, the disease may become arrested in its progress by a form of atrophy, and the patient may then live for years, and die from disease unconnected with the breast. It is, so far as I have seen, in thin elderly women that this atrophic scirrhus is found; and it may happen, as in a case recently under my care, that the disease will suddenly light up afresh, as it were, and its renewed activity will require immediate operative interference.

In these cases, and also in other cases of scirrhus, particularly (in my experience) those in which the primary disease has been removed with success and without return in the breast, we meet with growths of cancer in internal organs—such as the liver, stomach, or uterus—which may be taken as evidences of a constitutional taint consequent upon or antecedent to the primary disease, according to the pathological creed of the surgeon. Development of cancer in an internal organ is, however, ordinarily so much less painful a cause of death than open cancer of the breast, that this well-known liability to the development of internal cancer ought to form no bar to operative interference in suitable cases. In addition, moreover, to these well-recognized positions of cancer, I have once seen a patient, whose breast had been removed some months before, covered all over with small cancerous tubercles of the skin, varying in size from a pin's head to a medium-sized button; and as there was ptosis with strabismus on one side, together with symptoms of brain disturbance, I have no doubt that a can-

cerous tumour was developed in the brain which pressed upon the third nerve, though I was unable to procure a post-mortem examination.

Medullary cancer is much more rapid in its course than scirrhus, often destroying life in a few months. As might be expected from the differences in structure of the two growths, the medullary tumour is larger, softer, and more succulent than the scirrhous cancer. Its tendency to infiltrate the neighbouring tissues is much greater; and hence, when the skin gives way, it is by a process of sloughing, or very rapid ulceration, leaving a chasm through which protrude masses of soft bleeding cancer, giving the appearance characterized as true *fungus hæmatodes*. Any rapidly-increasing solid tumour of the breast must be viewed with suspicion, and more particularly if the veins running over it are much engorged, and if there is enlargement of the neighbouring lymphatic glands. In this form of disease there is much greater probability of a development of secondary tumours in other parts of the body than in scirrhus; thus not unfrequently patients suffering from medullary breast are carried off by some acute chest attack, when secondary deposits are commonly found in the pleura and lungs.

Colloid cancer is exceedingly difficult of recognition prior to removal — in fact, almost all the examples of it have been mistaken for some other disease. The disease wants the hardness which is so characteristic of scirrhus, and is less rapid in its growth than medullary cancer, the lymphatics being also more slowly affected. A good example of colloid tumour of the breast, with a secondary tumour in the axilla, of five years' growth, is recorded by the late Mr. Price in the 8th volume of the Pathological Society's Transactions, and has appended to it an elaborate report upon the microscopic structure of the growth, by Dr. Andrew Clark.

A section of a recent scirrhous tumour shows a dense white structure, the fibrous nature of which is at once obvious to the naked eye. On scraping it a whitish juice exudes, and this under the microscope shows an abundance of cells, with nucleus and nucleolus, which may be considered to be the so-called cancer-cell. I have the advantage of showing you Mr. Arnott's beautiful drawing of the microscopic appearance of scirrhus, and I cannot do better than quote his own description. The drawing shows "the typical form of hard cancer—*i.e.*, cells of an epithelial type, of varying size and shape, but with tolerably uniform (and usually single), large nuclei closely packed in the meshes of a stout fibrillated stroma, without any visible cellular elements." The proportion of cells to the fibrous stroma it is that determines the character of the growth, for if the cell element preponderates over the fibrous, we have the more vascular form of medullary cancer or encephaloma; whilst if the cells have degenerated, and the fibrous interspaces are filled with a little fatty fluid only, we have the atrophic scirrhus.

There is, then, no special microscopic appearance by which medullary cancer can be distinguished from scirrhus, except by considering it as a whole, and here the naked-eye appearances and clinical history assist us much. The brain-like texture, the great vascularity, and the rapid growth and invasion of surrounding structures, enable us to recognise encephaloma in all cases. It is remarkable, as showing how one form of cancer runs into the other, that the secondary deposits in the axillary glands and internal organs after scirrhus of the breast partake more of the medullary or soft form of cancer than the hard; and, in fact, Mr. Arnott's illustration, which I show you, is taken from an axillary gland. This fact is not so surprising, however, when we find that, as the recent researches of MM. Cornil and Ranvier have shown (by means of nitrate of silver as a reagent), the lymphatics communicate directly with the interspaces in the fibrous stroma of scirrhus in which the cells are lodged. It is not surprising, therefore, that the cell element should predominate in the secondary deposits thus produced.

The structure of colloid cancer is unmistakable, a section showing the loculi filled with gelatinous material of various

ss of colour which are so character- of the disease. Microscopic examin- shows a delicate fibrous stroma, ning in its meshes cells, of which are round or oval, mononucleated, having within the outer cell-wall al very delicate concentric lines, g to the cell somewhat of an oyster- appearance (H. Arnott). Other polynucleated cells are found, and an arrangement of the stroma in ntric circles, inclosing a number of ated cells, and having nuclei inter- ed among the concentric layers of).

w persons in the present day would the hereditary nature of cancer, h the late Mr. Charles Moore held he disease "should rather be styled able than hereditary," since he be- l that the failures in transmission more numerous than the occur- s. Yet Paget records that of 822 rous patients there were 78, or very y one-fourth, who were aware of r in other members of their families. there are many well-known cases of rous members of one family being ed with cancer, of which perhaps est example is that recorded by M. , of a family, in five generations, of sixteen persons out of twenty-six of cancer in its various forms. Gen- experience may, I think, be fairly led up in Mr. Paget's words: "Every experience in practice among per- whose family histories are known me more sure that inheritance is reat power in the production of all ses that are not of distinctly external , and among these of cancer."

transmission of cancer is not neces- to the same organ as in the an- ; in fact, Mr. Paget's tables go to the contrary to be the rule, for of 61 , in only 27 the cancer in the de- ant was in the same organ as in the t ancestor, whilst in 34 it was in a ent part. On the other hand, many have been known of the same organ ; affected in many members of one y—*e.g.*, the Middlesex Hospital case nother and five daughters all having r of the left breast. A remarkable fact in this case too is that each daughter was successively attacked at an earlier age than the one next above her, the dis- ease appearing to increase in intensity in the children as they were born nearer the time when the disease showed itself in the mother. In other cases, where the disease has been traced through three generations, it has been noticed that the daughter was attacked at an earlier age than her mother, and she again than the grandmother.

Mr. Moore, in his paper on the "Ante- cedents of Cancer," endeavoured to show that the elder children of a cancerous mother were more liable to the disease than the younger ones; but this is con- tradicted by the statement given above, for it is evident that the children born nearest the outbreak of cancer in the mother would be most likely to inherit the constitutional taint. Moreover, al- though it may happen that in a given number of cases the elder children are affected, it must be remembered that, having been born when the mother was in good health, they have had stamina suf- ficient to live long enough for the cancer to show itself, whilst their younger brethren have possibly died before the disease appeared. Mr. Moore's observa- tion, if correct, that cancer affects the otherwise healthiest members of a family, would confirm this view, for a certain amount of healthiness is essential for the longevity required for the development of cancer in the elder members of a family.

Cancer of the breast is by no means incompatible with pregnancy. Thus in the early part of 1869 I was consulted in the case of a patient, who had advanced cancer of one breast, and also a tumour (doubtless cancerous) of the ilium, who was pregnant. She went her full time, and gave birth to an apparently healthy child, which is now alive and well, and has survived its birth five months. The prospects of a child born under such cir- cumstances one must conclude to be very bad, and he is the youngest of a large family, all apparently in good health. Women have been known even to suckle with a cancerous breast, but such a prac- tice ought not to be permitted by the

surgeon. An interesting example of a scirrhous tumour, complicated with lacteal tumour from this cause, has been recorded by Mr. John Wood. (*Pathological Transactions*, vol. xix.)

The treatment of cancer of the breast must necessarily be influenced by the opposite pathological views already referred to. The surgeon who holds that the local tumour is merely an evidence of constitutional dyscrasia will busy himself with endeavouring to counteract the morbid conditions of the system by medicines, and will be content to leave the local manifestation alone, or at most endeavour to disperse the local mischief. With this object he may employ iodine locally, and internally in the form of iodide of potassium; he may apply bromine in the form of a tincture (as recommended by the late Mr. Colles) to enlarged glands or infiltrated skin, and give the bromide of potassium internally; he may apply cooling lotions or freezing mixtures to the tumour, in order to retard its growth, or may make use of pressure in its varied forms to procure possible absorption; and he will almost certainly be disappointed, and find that the disease makes unmistakable and fatal progress notwithstanding. I say nothing of the various orthodox and quack plasters which are from time to time recommended for the *cure* of cancer, for the subject is beneath notice. At this very moment there is, I know, a foreigner in London who professes to have discovered the long-looked-for "cure-all," and has been allowed, I regret to hear, to try his discovery on the patients of one metropolitan institution, but without any special result.

On the other hand, if the surgeon is convinced that the disease, although the result of hereditary taint, is at first localized in the organ it attacks, but tends to spread in the tissues and affect the system generally through the lymphatics, he will endeavour to rid his patient at as early a moment as possible of the source of mischief, and will thereby, in my opinion, be giving her the best chance of prolonged life and comfort. Of course there are cases in which no judicious surgeon would advise any local interference at all; and it will be convenient, before considering the methods of operating on cancerous breasts, to note what are the circumstances favourable and unfavourable for such interference.

The most favourable concatenation of circumstances is when in a middle-aged patient, of robust health and moderate *embonpoint*, there is a small scirrhous tumour in the neighbourhood of the nipple, which, though retracted, is not ulcerated, while the skin over the breast is healthy and loose, and the axillary and cervical glands are unaffected. From this standard every degree of divergence is met with, and since every surgeon must use his knowledge and experience in deciding as to each individual case, it necessarily follows that differences of opinion will arise in certain cases even among the most distinguished surgeons. There is, however, little difficulty in arriving at the opposite extreme—*i.e.*, the cases which ought *not* to be interfered with; and these by common consent are, rapidly-growing tumours, with great infiltration of the skin, and extensive implication of the glands; cases where other tumours exist, and particularly in the opposite breast; where cachexia is already well established; or where the skin is extensively ulcerated.

The question of local interference in diseases of the breast involves the more important and somewhat disputed question whether the tumour alone, or the entire breast, should be removed. If we believe that cancer has a tendency to spread through the neighbouring tissues, and thus reproduce itself, it is obvious that a complete removal of the organ in which it commences is best, and I am astonished to find that in the present day there should be an attempted reaction in favour of excising the tumour only in cases of cancer of the breast. There may be cases occasionally where the disease is localized in the outer margin of the breast, and is in a very early stage, in which the patient is loth to submit to the more serious operation, and the surgeon may then be justified in excising the tumour, with some of the surrounding structures; but he should for his own

t's sake explain that the operation is
sarily an incomplete one.

was pretended at one time that
tics could be applied so as to remove
diseased structures, and leave the
thy; but even the most ardent sup-
ers of that method must allow that
tissues are destroyed indiscriminately
he chemical agents placed in contact
h them. The advantages claimed for
caustic treatment by its modern up-
lers were, the diminution of risk to
patient, the painless character of the
ceeding, and the more thorough re-
val of disease produced by it. With
ard to the first point, the immediate
ger of an operation (which in the case
the breast is but slight) is certainly
iated, but the after-risks are in-
ased; the patient being liable to ex-
istion from prolonged suffering and
charges, and also to the not unfrequent
urrence of inflammatory attacks on
chest, due apparently to the action of
caustic. In respect to pain, there can
no question of the balance being
inst the caustic, the burning, wearing
n of which is infinitely greater than
t experienced *after* an operation per-
med under the influence of anæsthetics;
ilst the removal is really no more com-
te and thorough than can be obtained
n a carefully performed operation,
ticularly if combined with the use at
time of some chemical solvent of the
nes, as recommended by Mr. De Mor-
. The cases most suitable for the
stic treatment are open cancers and
es of recurrent growth, and the appli-
ions in most common use are the chlo-
e and sulphate of zinc, made with flour
o a paste, which should contain a small
antity of morphia so as to deaden the
in of the application. If the skin is
t already ulcerated, it must be de-
oyed with nitric acid, since it resists
e caustic paste. The caustic is best
plied on strips of lint, and is pressed
mly against the sore. When the surface
s become converted into a gray insensi-
e mass, incisions are to be made through
into the living textures beneath, and
to these cuts strips of lint, smeared
ith the caustic paste, are to be laid. By
repeating this operation again and again,
the entire breast may be caused to slough
out, leaving a large wound, which takes
many weeks to granulate up.

In amputating a breast, it is, I believe,
most important to remove all skin, fat,
and cellular tissue which may possibly
contain cancer-cells; and if the growth
is adherent to the pectoral muscle, there
should be no hesitation in removing some
depth of its texture, so as to be well be-
yond the influence of the disease. The
incisions necessary for removing a breast
cannot properly be limited to the ordinary
elliptical incisions above and below the
nipple; for the skin may be involved in
other parts, and if any diseased portion
is left the operation is useless. Any en-
larged glands in the axilla should be re-
moved at the same time; and there is, I
find, no difficulty in clearing away all that
is necessary in this region, without danger
of hemorrhage, by employing the finger
freely to enucleate the glands, rather than
by dissecting them out with the knife.
The free use of a strong solution of chlo-
ride of zinc to the whole of the wound is, I
think, decidedly advantageous in destroy-
ing any remnants of disease in the sur-
rounding tissues; and the occurrence of
suppuration during the process of healing
seems to be of advantage, rather than
otherwise, in the same direction.

The hesitation in removing sufficient
skin, which has doubtless rendered many
operations on the breast abortive, has to
a great extent been obviated by the re-
cent suggestion of M. Reverdin to trans-
plant small portions of healthy cuticle
from other parts of the body to the gran-
ulating sore left after a free removal of
skin. The islands of skin set up by a
successful skin-grafting of this kind cer-
tainly favour the healing of the wound,
and obviate to some extent the painful
dragging of the cicatrix so often seen.
In a case of my own I was able to trans-
plant five portions of cuticle from the
arms to the granulating surface a fort-
night after an extensive removal of the
breast, and the case did remarkably well.

The results of operations for cancer of
the breast vary of course considerably
according to the nature of the case and

the previous health of the patient. The operation itself is a remarkably successful one as regards immediate danger to life, although every surgeon must occasionally lose a patient after this, as after every other surgical proceeding, even the simplest. But, in stating the risk to a patient, one has the satisfaction of pointing out that in all probability great relief from immediate suffering will be obtained, and a possible immunity from return in favourable cases. With regard to the prolongation of life as influenced by an operation, professional opinion has undergone a change within the last few years. It was thought by many surgeons that, though comfort was gained by an operation, yet that life was shortened; but the elaborate tables of Mr. Sibley and Mr. Baker, published in the *Medico-Chirurgical Transactions*, show a different result. Mr. Sibley, whose statistics are drawn from the records of the Middlesex Hospital, states that "in the cases of cancer of the breast, those who had been operated on lived 58 months, whilst those in whom the disease was allowed to run its natural course lived only 32 months." Mr. Baker, whose data are drawn from Mr. Paget's experience, says "the average length of life in scirrhous cancer is 43 months when the primary disease is not removed, and 55 months when the operation is performed; whilst in the case of medullary cancer the results are even more striking, being 20 months without, and 44 months, or more than twice the time, with an operation." These results are sufficiently encouraging, and probably the statistics of operation cases may prove more and more satisfactory as both the profession and the public become convinced of the necessity for an early and complete removal of cancerous growths.

With regard to the average date of recurrence of cancer, the greater malignancy of the medullary cancer is again seen, that disease ordinarily recurring within one year, whilst scirrhus does not reappear till the second year, the average time given by Mr. Baker being nearly 14 months for scirrhus, and 7 months for medullary disease. — *Lancet*, June 24, 1870.

Clinical Lecture on Frac tella. By JONATHAN HUT Surgeon to the London Ho

GENTLEMEN: The pati presents a good example o fracture of the patella. Hi has been broken across tran the middle, so that the u is larger than the lower one the disproportion between ments is greater than usu portion forming not more the bone. He has now be pital several weeks, and th are very close together, sc have, in all probability, limb. When he first came a considerable interval betw ments, and his knee was sv sion. The effused fluid was a few days' rest in bed, an his limb on a straight ba applied strips of plaster fr lower fragment upwards, sc portion of the bone, and oth above the upper fragment d as to bring this portion of th wards to the lower fragmer has been allowed to lie flat

I do not purpose now t complete account of fractur tella, preferring, rather, to remarks on the most import the kind of fracture before headings of *Cause of Sepa Fragments—Treatment—Mod*

In most patients suffering verse fracture of the patella, the bone several hours or after the accident, we find t separated from one another erable interval, from a quart to an inch. We also find, considerable effusion into th first thought we shall, perhap to ascribe the separation of t to contraction of the rectus that it is really due to quite a will be apparent when we ex further. We shall probably first place, that the rectus mu a state of contraction, or the so only under the pressure o or at the patient's will. It

s possess a certain small amount of
ty in addition to their *contractility*,
is elasticity, when unopposed, will
o draw the fragments apart; this
is, however, comparatively unim-
t, and for practical purposes it may
ely neglected. We must bear in
hat the patella is firmly attached
ntire circumference to tendinous or
ntous structures of great strength.
hen the bone is broken across the
attachments on each side, the
s of the vasti remain entire, and
e amply sufficient to hold the por-
f the patella in place, and prevent
eparation, so long as there is no
ling force exerting pressure from
Soon, however, fluid is effused
synovial membrane, the joint is
ed, and what was before a mere
through a bony part of the joint-
becomes a wide gap. This is the
which we generally find the knee-
f patients admitted with fractured
In a few cases, however, scarcely
usion takes place, and it is pre-
n these rare cases that the broken
s of the patella never become
ed to any appreciable extent.
ases in which the joint does not
distended, and the fragments are
arted, are the most favourable of
regards good union; the case will
vourable just in proportion to the
and *duration* of the effusion—*i.e.*,
nt and duration of the separation
ragments. The further the frag-
re apart the more difficult will it
ing them together, and the longer
nain separated the less likely are
unite by bone.

will readily see, then, that the
es of treatment are to prevent
if it has not occurred, to favour
ion of fluid which has been poured
l to bring the fragments of the
into close and permanent apposi-

unnecessary that I should go into
n any but the method of carrying
last-named principle.

lan which I invariably adopt, and
as been carried out in the case be-
is to put the limb on a straight
back-splint, and by that means bring the lower fragment as high as possible, and by pieces of cross-strapping maintain it there; then to bring down the upper fragment by strapping and firm bandaging as near as may be to the lower fragment, and keep it there by readjusting the strapping as often as it gets at all loose. Many surgeons after doing all this proceed further to elevate the whole limb into the air, with the intention of shortening the distance between the origin and insertion of the rectus muscle. I never adopt this practice, because I believe it to be quite useless, and very uncomfortable to the patient. The advocates of the elevation plan defend it by appealing to a constant state of partial contraction of the muscles, which is supposed to be mainly instrumental in causing the separation of the fragments; and they assert that by lessening the distance between the ends of the muscle they diminish the consequence of this contraction.

I do not for a moment deny that the origin and insertion of the rectus femoris muscle are brought nearer together by elevating the thigh, or by raising the body. I assert, however, that the muscle when left to itself is not in a state of constant contraction; but, on the contrary, that it very soon relaxes completely, and that, therefore, any arrangement for shortening the distance between its attachments is uncalled for. I repeat, also, what I have already mentioned, that it is not to contraction of the rectus but to synovial effusion that the separation of the fractured portions of bone is due, and that it is, therefore, useless to make any special provision for insuring the relaxation of the muscle. I am even of opinion that elevation of the limb may be injurious, for we place it in a constrained position, and I think that muscles when in positions of discomfort are more likely to take on irregular and violent action than when allowed to rest in their ordinary postures.

A few words as to the mode of repair in transverse fractures of the patella. I am inclined to think that bony union is not so rare as it is supposed to be. I have dissected one specimen of union by

bone, and I have seen several cases in which I had not the slightest doubt that bony union had taken place. The last case that I discharged from the hospital was, I believe, one of this kind. I have quite lately seen a gentleman who was treated by his brother, a surgeon, twenty years ago, for fracture of the patella, and whose limb has during that time been in every respect as good as it was before the accident. There is in him a groove across the patella marking the seat of fracture, but on examination I felt no doubt whatever as to the repair having been by bone. The most favourable cases, as I have before mentioned, are those in which no effusion occurs, or in which the effusion is comparatively slight, and disappears rapidly, and which are treated by prolonged rest in bed, these being the cases in which there is little, if any, separation of the fragments. When the fragments of the patella are separated widely, and for a long time, then bony union is very unlikely to occur.—*Med. T. and Gaz.*

HOSPITAL NOTES AND GLEANINGS.

Hereditary Bronze Colour of the Skin Simulating Addison's Disease.—The interest in the following case, under the care of Dr. JAS. RUSSELL, in the Birmingham General Hospital, lies in the contribution it makes to the clinical history of that form of coloured skin which in its general characters imitates very closely the colouring observed in Addison's disease. In the present instance, indeed, the resemblance was so striking that, on a superficial examination, the idea of Addison's disease at once occurred to the mind. Joined to the colouring of the skin, in this case, is to be added the circumstance which generally gives significance to cases of questionable diagnosis in the disease just named—the presence, namely, of protracted anæmia, without any of the usual explanations of that condition being presented by the patient. Of course the occurrence of dark skin in other members of the patient's family at once threw doubt upon the diagnosis, and the doubt was confirmed by the absence of certain peculiarities in the distribution of the colour which are present in Addison's disease. Similarly, the symptoms, whilst coinciding with those of Addison's disease so far as the general evidence of anæmia went, were yet wanting in those special developments related particularly to the circulating and digestive apparatus, which impart so decided a character to the history of true Addison's disease.

C. F., aged 38. The whole of the body and limbs presents a remarkable tint of a rather dusky copper-brown. The colour is perfectly uniform in all parts, excepting on the soles of the feet, where it is nearly, if not quite, absent. The bronzing is very deep over the entire trunk, before and behind. It is also strongly marked on the dorsum of the hands and of the feet, where it is very dusky. The forearms and the knees are deeply coloured; the rest of the extremities more lightly. But the forehead and face, though presenting the characteristic tinge, are the palest parts, with the exception of the palms; the face has rather an anæmic character. The nipples and their areolæ are of a deep brown, but, with this exception, the parts of the body which usually exhibit a deep colour in Addison's disease—the armpits, groins and scrotum—are not, with the partial exception of the latter, more deeply tinged than the neighbouring skin. Moreover, the eyeballs, in place of being clear and pearly, have a curious smoky colour, somewhat intermixed with yellow; the lips and the glans penis are very smoky; the mucous membrane of the lips, cheek, gums, hard and soft palate is simply anæmic, quite without any streak or stain. The patient's hair is everywhere jet-black; his eyes deep brown. He asserted that his skin had always been dark, but that it had become materially darker since his illness began, the change being progressive. The accuracy of this statement is fully established by my friend Dr. Buck, who had watched the patient for the last three years. A change in the opposite direction took place, in a marked degree, in his face whilst in the hospital. There appears no doubt that a dark skin is hereditary in some members of the patient's family on his father's side. His father

›lack hair and a dark skin; a brother sister of his father had also black but a fair skin. He remembers that of his brothers had black hair and a skin; and all his sisters, seven in ber, had black hair. He can say ing further, as he has been away a his family for a long time. Out of n of his children, five have black hair, one a dark skin in addition. He ws that his family have lived in the ghbourhood of Pershore, in Worcester-e, for the two generations preceding own, and that they have been healthy. illness began seven years ago, with a len attack of giddiness and sickness lst he was working in the fields in the mer-time, probably a mild sunstroke. lay in bed two days, but from that e he dates gradually increasing de-y. Each spring he has been laid by a an attack of weakness, of increasing ation and severity, and on each occa- he has less perfectly recovered. ing the past three years he has greatly ed in capacity for work, and during past year has been almost incapaci-d—indeed, the chief question which Buck had to decide was whether he uld be permanently removed to the khouse. But with these symptoms he suffered little or not at all from faint-s; his breath, though rather short if exerted himself specially, has never ubled him much, and though he vom-l his food during a fortnight, in an ck which he suffered last year, yet he been almost free from this symptom. appetite has been variable, frequently acious. He has never passed worms. ring the whole period of his residence the hospital he has been entirely free n any important symptom; his appe- has been good; he has always been ut, and fairly active. For the rest, he irly nourished, presents no disease in organ, his urine is free from albumen from sugar, he has been quite from œdema.—*Med. Times and Gaz.*, 30, 1871.

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Unusual Symptoms of Overloaded ...*m.* 2. *Severe Rheumatic Fever.* 3. ...*e Jaundice.* 4. *Hysteria in a Child.* ...e following, under the care of Dr. Ogle, at St. George's Hospital, are instructive:—

1. An old woman, the subject of bronchitis and emphysema, was admitted with pain at the lower part of the abdomen, and dysuria—symptoms to which she had been previously subject. She was suffering from constipation at the time. Her sensations were those of a tumour in the vagina. Enemata which were injected were returned from the bowel. On a vaginal examination being made, nothing was found wrong with the uterus or vagina; but the rectum was found to be crammed full of hardened feces. It felt like a large tumour in the vagina. Persistence in strong purgatives brought away large quantities of feces, and removed the pain and difficulty of voiding urine, which had evidently been due to mechanical obstruction. The bowel would have been relieved with the scoop, had it not been relieved by medicine.

2. A case of *severe rheumatic fever*, of one month's standing, in a fire-brigade man, after exposure to wet for twenty-four hours. At first it was treated by simple effervescing salines, and two-grain doses of quinia; as sickness came on, the latter was discontinued. He made a good recovery under neutral salines, and one or two doses of Dover's powder. Quinia was again resorted to during convalescence. The patient had had a similar attack, with a relapse, eight years previously. There was no heart-complication.

3. A case of *intense jaundice*, of two weeks' standing, in a young woman, following vomiting, which was attendant upon severe nursing night and day. She suffered no pain or abdominal enlargement, the urine was full of bile, and motions wanting. She recovered under taraxacum, and nitrate and acetate of potash, with occasional aperients, so as to leave the hospital with but a slight tinge in a fortnight.

4. A case apparently of *hysteria* in a child aged twelve. She had refused solid food for eighteen months, and had lived chiefly on sweets. On admission she lay cramped up in bed, complaining of intense pain in the abdomen, with her eyes constantly closed or half closed, as if light

gave pain. The expression of pain was always exaggerated when she was watched or spoken to. She was very thin and weak, but no actual disease of any organ could be determined, and the temperature has been natural. Under proper food, with steel and quinia, valerian, and a little stimulant, she has much recovered already. She has been made to use her muscles, and to sit up near the window watching the "row" in the park, and has had shower-baths. She is eating solid food now, and taking cod oil, and is increasing decidedly in weight.—*Lancet*, Aug. 5, 1871.

—

Chronic Inflammation of the Larynx; Impending Suffocation; Tracheotomy; Recovery.—The following case, treated in the Liverpool Royal Infirmary, under the care of Mr. R. HARRISON, illustrates the advantages of tracheotomy, not only in affording immediate relief to the distress occasioned by impending suffocation, but by placing the inflamed organ in a state of comparative rest, and facilitating the process of repair which the abnormal activity of the part interrupts.

On his admission, the patient (Henry A.), who was twenty-four years of age, was in a state of considerable distress, arising from difficulty of breathing, which rapidly increased. The symptoms, which had latterly increased considerably, had existed for nearly a year. No distinct history of syphilis could be obtained, though he had two slight frontal nodes. He had never suffered from hæmoptysis, and, beyond some coarse breathing about the apex of the right lung, there were no advanced symptoms of chest complication. He was of a decidedly strumous type. Four years previously his right elbow-joint had been excised by Mr. Bickersteth, with a very good result, the resulting limb being an exceedingly useful one. When admitted, he was so much distressed that he was not able to submit to inspection by the laryngoscope. As several measures designed to afford relief had already failed, and as the obstruction to the entrance of air was clearly on the increase, it was determined, after a consultation, that tracheotomy should be performed without delay. The presence of large veins and a very receding trachea rendered the operation more than usually embarrassing. The patient made a good recovery. The tube was kept in for two months. When the patient was seen about a fortnight later the opening in the trachea had completely closed, the breathing was natural, and the voice was almost completely restored. He was advised to continue the use of cod-liver oil, with iodide of potassium and iron.

In reference to this patient, Mr. Harrison says that, in similar cases of chronic character, delay not rarely results in sudden death from œdema and spasm of the glottis, a condition which in all probability might be averted by early operative interference. When the proper aeration of the blood is interfered with, the time for the performance of tracheotomy has arrived, for the patient's blood is not equal to the repair of the diseased part, while the slightest accident may be sufficient to cause instantaneous death.—*Lancet*, June 10, 1871.

—

Use of the Æsthesiometer in Diabetes.—Prof. LAYCOCK called the attention of his class, at the Edinburgh Royal Infirmary, to the fact that anæsthesia is one of the morbid conditions in diabetes mellitus, and that the defective nutrition and abolished functional activity of the cutaneous glands depended upon a centric neurosis, of which the hunger, thirst, and abnormal productions which characterize the disease are also signs. It is this defect in trophic innervation of the skin which renders diabetic patients so peculiarly predisposed to cutaneous diseases, and upon which the harshness and dryness of the skin depend.—*Med. Times and Gaz.*, May 20, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Malformation. By WM. P. OVERTON, M.D., of Cold Springs, Long Island, N. Y.

Mrs. F., æt. 32, mother of six well-formed children, gave birth, July 21st, at full term, to a child with all the intestinal

al, except the rectum, external to the omen. There was an aperture a little ne right of the umbilicus large enough dmit two fingers, through which the els protruded.

a every other respect the child was formed and healthy. It lived three s, during which time it nursed freely, had several passages from the rec-

—

bscess of Appendix Vermiformis Cœci—overy.—Dr. KRACKOWIZER stated at a ting of the Medical Society of the Coun- f New York, that of a number of fatal is of this affection in his practice, he ld relate one of perfect recovery. A ng man in Brooklyn was taken with the iptoms of this affection. After a time Post was called in consultation; and, ing an evident abscess in the iliac a, he cut into it, with great relief to patient. During the formation of the aour very general and serious peritoni- had occurred, which was controlled by um. The patient soon recovered, and wound healed; when, without known ise, unless too much exercise, the pain urred, and peritonitis was lighted up esh. Four or six weeks later, the same me was re-enacted. At this point I was lled to see the patient, in consultation, d found general peritonitis, well con- olled under the opium-treatment. There is a fluctuating swelling in the right ac fossa, and I had only to follow the atrix of the previous incisions to give e matter exit. The patient was removed this city, and the wound had nearly aled, when, as he was looking out of window, a mad bull rushed through the reet. Suddenly throwing up his hands, felt a sharp pain in the old place; was ken down in the same way as before; d a new abscess formed, again to be scharged by incision. One morning, hen he had for the fourth time nearly covered, he noticed, as he threw the wet mpress from the wound into the basin, click which arrested his attention. It roved to be due to the seed of a pear or n apple. From that time the healing as very rapid, and there was no recur- ence of the trouble. This was some thirteen years ago. I have since been in the habit of seeing the gentleman from time to time, and not the least trace of any tumour or tenderness can be found — *Medical Record*, May 1, 1871.

—

Prize Essay on Diseases of Children. Open for Universal Competition.—The President of the Medical Society of the County of New York, Dr. Abraham Jacobi, has placed in the hands of its treasurer four hundred dollars, to be awarded for the best essay on "A History of the Diseases of Infancy and Childhood in the United States, and of their Pathology and Therapeutics."

Competitors will send their essays in English, with motto attached, and the name and address of the writer, with the same motto, in a sealed envelope, to the present Secretary of the Society, Dr. Alfred E. M. Purdy, 123 East Thirty-eighth Street, New York, on or before January 1, 1873.

The committee are authorized by the Society to withhold the prize if the essays submitted should not merit it. Austin Flint, M.D., Ernst Krackowizer, M.D., Edward S. Dunster, M.D., committee.

—

Death from Chloroform. — It is announced in the daily papers that a lady died in Brooklyn, in a dentist's office, from chloroform administered by an experienced practitioner. Only four drachms of chloroform, it is stated, were administered.

—

New Remedies. A Quarterly Retrospect of Therapeutics, Pharmacy, and Allied Subjects.—This is the title of a journal, the first number of which appeared in July last. It is edited by Dr. HORATIO C. WOOD, of this city, and published by Wm. Wood & Co., of New York. Its title fully expresses its objects, and under its able editor it will doubtless be a useful publication.

—

The Clinic.—This is the title of a new weekly journal, edited by Dr. JAS. T. WHITTAKER, Professor of Physiology in the Medical College of Ohio, of which the sixth number only has reached us. That

number is well filled with instructive matter, and we welcome our new contemporary to our exchange list, and wish it a successful career.

—

Number of Physicians in New York.—There are in New York City, Brooklyn, and their vicinity, it is stated in the *New York Medical Register* for 1871, 1553 physicians in good standing.

FOREIGN INTELLIGENCE.

Extract of Conium in Inflammation of the Breast.— M. ALDSTADTER, of Pesth, strongly recommends (*Wiener Med. Presse*, No. 12, 1871) small doses of extract of conium, repeated several times in the course of the day, for the resolution of inflammation of the breast, arising from stasis of the milk in puerperal women, and reports several cases in which striking advantage was obtained from its use. In all instances care should be taken to obtain as pure and active a specimen of the drug as possible.—*The Practitioner*, Aug. 1871.

—

Spasmodic Muscular Contraction—Arterial Compression.—M. BROCA had under his care, a few months ago, in the Hôpital de la Pitié, a man who had broken both bones of his leg an hour before his admission to hospital. The muscular contraction was so violent that it was impossible to reduce the fracture. M. Broca thereon employed a method which he had found successful in cases of painful cramps of the lower limbs, viz., compression of the femoral artery. Almost immediately the muscles became relaxed, and reduction was effected with ease. Subsequently, in reapplying the splints, the contraction returned, and was again overcome by the same means. The *Journal de Médecine et de Chirurgie Pratique* for March, in relating the case, says that the simple and easy means employed by M. Broca ought always to have a trial before giving chloroform, which is often done in such a case.—*Med. Record*, Sept. 15, 1871.

—

Phosphates in Pregnancy.—Mr. METCALFE JOHNSON, of Lancaster, recommends in the *Med. Times* the hydrated phosphate of lime of the "British Pharmacopœia" as a remedy for the sickness of pregnancy. He gives it in doses of three to ten grains each, three times daily, suspended in water and flavoured according to the patient's taste. In some cases the relief has been so striking that patients have sent to ask for some of that medicine that relieves the sickness." Mr. Johnson thinks the drug may supply phosphates to the nervous system and also to the embryo, and that if phosphates be not supplied, the child may grow at the expense of the mother's osseous and nervous tissue.—*Doctor.*

—

Deaths from Chloroform.—"We observe with regret," says the editor of the *British Med. Journal* (May 20, 1871), "that two more deaths have occurred this week from chloroform. These frequently recurring accidents afford a significant comment upon the importance of the questions which we have prominently raised concerning the relative mortality of anæsthetics, and the plea which we have urged for a reconsideration of the claims of ether and an extension of surgical practice, in suitable cases, to the nitrous oxide. It is announced in the daily papers that Lieut.-Col. Rogers, R.A., was staying with his brother at Cornwood last week, and, while in the garden at the back of the house, fell over a plant-pot, thereby receiving a compound fracture of the leg and a dislocated ankle. The broken bones were set by two medical gentlemen of Plympton; but, Colonel Rogers not progressing, a third medical man was called in, and it was decided that the leg should be reset while the Colonel was under the influence of chloroform. The latter was administered, and caused almost instant death. No blame is attached to the medical gentlemen."

The second case occurred in the London Hospital. The subject of it was a female æt. 48, who had suffered for a long time from extensive syphilitic ulceration of the leg. She had taken chloroform exactly a week previously, that an attempt might be made to obviate some contrac-

e knee-joint. She had borne ration well, but it was fol- omiting, which lasted three ad a high temperature, and hich were probably due to measure. She took scarcely to the day of operation, and tained by enemata.

ay of her death (May 3d) as being administered by the on, who had given it on the on, when, before insensibility oduced, she made a convul- nt, and, almost immediately *he was seen to turn very sud-* Her pulse at this moment at very rapidly, and the next eased quite suddenly. She wo spasmodic gasps.

respiration, sprinkling and cold water, were immediately nd a small quantity of blood ted from the jugular vein. ne or two gasps for breath— th-throes; but, although re- ans were kept up for above , no signs of life appeared. examined her eyes with the ope, and found the retinal distended.

remarked that the patient lied in consequence of the unable to pass through the lungs had the dark red ap- ilar to what is seen when place during the collapse s; and the diminished weight showed that they did not normal quantity of blood. system was very much con- the comparatively empty he left ventricle, and the ap- the kidney-tissue (excepting eins were distended) tended the arterial system was in a e empty.

nce tended to show that the ot die from asthenia, or, in from failure of the left ven- was not very flaccid, nor was of blood, as is usually seen is due to the latter cause. as, however, small, and the muscle very soft, and the microscope showed that it had undergone so-called fatty degeneration to a considerable extent. — *British Med. Journal*, May 27, 1871.

A third case is recorded in the same journal for July 29, 1871, which occurred in the Royal Aberdeen Infirmary, under the care of Dr. Pirrie. The subject of it was a man æt. 37, said to have been of intemperate habits, who was about to be operated on for the radical cure of hernia. Dr. P. ascribed the death to mixed causes, viz.: chloroform inhalation, dread of the operation, and fatty degeneration of heart, the latter being most influential.

—

Sir James Paget —Queen Victoria has just conferred the dignity of baronet upon James Paget, Esq., "Sergeant-Surgeon Extraordinary to Her Majesty and the heirs male of his body lawfully begotten." This announcement has been hailed with universal satisfaction in Great Britain, and we in America partake in the gratification felt at the bestowal of this honour upon one of the most accomplished surgeons and pathologists that have adorned medicine, and one who has done much to advance the science of which he is still a most ardent student.

—

Ununited Fractures.—A volume of 700 pages, illustrated with 102 figures by BÉRENGER-FÉRAND, on the subject of surgical pathology, is highly noticed in *L'Union Médicale*, 18th August. It is said to be a complete monograph, showing the existing state of our knowledge with regard to the pathological anatomy, etiology, and treatment of ununited fractures.

—

The Female Medical Students in Edinburgh.—We learn from the *Lancet* (July 22, 1871) that at a late meeting of the lecturers at Surgeons' Hall, Edinburgh, it was resolved by a majority to rescind the resolution adopted last year permitting lectures "to female as well as to male students." The lecturers are now, therefore, prohibited from giving instruction to female students either separately or in mixed classes.

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ANT ON SURGICAL DISEASES OF INFANTS, ETC. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

ict of a Clinical Lecture on Hy- and its Treatment. Delivered at College Hospital, June 9, 1871, WOOD, F.R.S., Surgeon to the and Professor of Surgery in ollege.

GENTLEMEN: We have had lately in the many cases of *varicocele*, and you d the opportunity of comparing methods of treatment which have owed. In its general pathology, le resembles the diseased condi- the veins which are found in rts of the body, and known by s of *varix*, and the common forms *rrhoids* or piles. In all these, s of the veins are the seat of the which consists essentially in dilatation of their calibre and hypertrophy of their walls, with consequent loss of the function of the valves, which aid circulation of the blood through them. But in each of these different regions of the body where varix is found, there are peculiarities which modify the pathological cause, and require peculiarities of treatment to meet their several exigencies. In true *varicocele* the veins of the spermatic cord which convey the blood from the testicle are the vessels solely affected; and it must not be confounded with varix of the superficial veins of the scrotum, which occasionally occurs. The circulation of the blood through the testicle is probably normally slow, corresponding by the intricacy of its channels with the very tortuous and complex system of tubes which elaborate and transmit the secretion when formed. The

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return of the blood through the spermatic veins is retarded (1) by the intervention of an elaborate plexus, the *plexus pampiniformis;* (2) by their passage through the fibrous inguinal rings and canal, and the muscular cremaster and internal oblique, which closely invest the cord as it hangs over Poupart's ligament; and (3) by the length of the column of blood within them, reaching from the testis to the renal or caval veins high up in the abdomen.

Now, in a perfectly normal condition, the elastic resiliency of the coats of these veins is such that the retardation is effectively controlled and modified.

But slight imperfections are extremely common, and are evidenced in most individuals as an increase in the size of the left spermatic cord. In the surgery of the schools, this is commonly attributed to the fact of the left testicle being placed lower in the scrotum than the right, and to the opening of the left spermatic cord into the renal vein at right angles to the current of blood in the latter, and not, as on the right side, at an acute angle, with a course more parallel to the current in the inferior cava, and more adapted to the efficiency of the valve-action at the acute side of the angle. But a difference in length of column of about half or three-quarters of an inch, or in the angle of junction to the extent of a right angle, do not, in normal conditions and in other situations (where they are common enough), produce undue dilatation of the veins. The other predisposing cause commonly assigned for this greater frequency on the left side, is, in my opinion, a much more powerful one; and that is the position of the sigmoid flexure of the colon across the front of the left spermatic plexus. The sigmoid flexure is the temporary receptacle of the fully formed fecal mass, until the habitual or convenient time for its expulsion has arrived. In civilized society there are frequent and unavoidable conventional causes for delay or neglect of Nature's indications; and constipation and consolidation of the feces is a common accompaniment of artificial modes of living. We have thus greater habitual pressure upon the left spermatic plexus.

But along with these predisposing causes must coexist some other condition lying in the coats of the veins themselves, otherwise the same anatomical, mechanical, and conventional causes would operate alike in all individuals, which is notoriously not the case. Now, in a healthy vein, the middle coat is found under the microscope to contain abundantly muscular fibres of the same kind as those in the arteries. They are arranged both longitudinally and circularly in several successive layers, intermixed freely with white connective tissue, and with a smaller proportion of elastic fibres. In the larger veins of the abdomen, especially, the outer coat also contains, according to Remak, a considerable proportion of non-striated muscular fibres; and this peculiarity extends to a great extent into the spermatic veins. The veins of the lower extremity have thicker coats than those of the upper, and the superficial veins thicker than the deep ones.

If you take a portion of the coats of a vein in a varicose condition and place it under the microscope, you will find that the hypertrophy depends chiefly upon the development of white connective tissue in the outer coat, while the muscular and elastic fibres are proportionately much less developed. The mechanical stress upon the vessels has promoted the development of the merely resisting material, and has atrophied by over-tension the contractile and resilient elements. In some cases, also, I have found a certain amount of amyloid or fatty degeneration of the muscular fibres. At a certain point of the lateral distension, the valves cease to be effective in closing up the tube against regurgitation, and they become finally shrivelled and atrophied from disuse. This promotes the stasis and accumulation of the blood within the vessel, and, longitudinal hypertrophy commencing, results in the coils and serpentine folds which are so characteristic of an advanced stage of varicose veins. We have, in fact, in varicose veins, a

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ally so thick in themselves
lerable tumefaction remains,
he blood has passed almost
of them. In such cases, the
e is in the *tactus eruditus*,
t be conveyed by words—the
ntrifugal dilating impulse
ugh impresses upon the vari-
which is different from the
d impulse of an omental her-
the omental hernia is reduci-
ficulty should arise. The
tinction given in books is to
swelling while the patient is
nt posture, and then placing
firmly upon the superficial
he patient assume the erect
it be a hernia, the swelling
rn; but if it be a varicocele,
a short time, but gradually.
pments in the cord are usu-
at under any position; and,
hernia, doughy and inelas-
l, and, unless confined to so
ion in the inguinal canal as
cate varicocele entirely, have
a cough impulse.

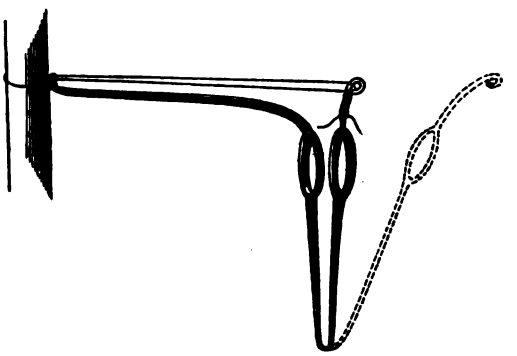
Varicocele is often attended by an amount of pain totally disproportional to the size of the tumour. It is probable that this proceeds from pressure or tension, during the initiative stages of the disease, upon the spermatic plexus which surrounds and embraces the veins, and supplies branches to their coats. The pain usually affects, also, the groin of the same side, and sometimes reaches the lumbar region, by an effect upon the renal plexus, from which part of the spermatic plexus is derived.

In many cases, also, there is a morbid fixity of the attention of the patient to his condition, which is sometimes indicative of serious mental derangement. Atrophy of the testicle may be coexistent with varicocele, and in most cases is the result of the impaired nutrition consequent upon the continued congestion which results from the varicocele, as in the condition called varicose eczema in the legs. In most cases, an operation, if applied early enough, will prevent this atrophy; but sometimes the wasting goes on, and may even be considered by the patient as the effect of the operation. He should always, therefore, be informed beforehand of this possible result.

The treatment that you have seen lately carried out by me, gentlemen, is an application of the principle of metallic wire pressure, applied subcutaneously, and with very little disturbance of the parts, by means of a new instrument which I have devised and carried out, with the help of Mr. Matthews, for the application of a continually acting spring traction. The very ingenious apparatus of M. Ricord was previously the most successful attempt to effect the same results; but it acted upon a silk or hempen ligature, applied in a peculiar manner round the vein, and had not the advantage of metallic pressure. This apparatus is ponderous, unwieldy, and requires screwing up afterwards. I have made many attempts, gentlemen, as you know, to obtain the advantages of continuous and unintermitting wire-pressure, so applied and self-acting that no subsequent interference by the surgeon or any screwing up of the apparatus, should put the

patient to all or more of the pain of repeating again and again the original operation; so arranged that the wire could be at any time disengaged and removed with little or no pain to the patient, or disturbance of the parts; and so simple as to be easily managed by anybody, easily cleaned, and not liable to get

covered for the escape of any which may form, for which th the instrument and the wire for conductor. I have found it b so to arrange the punctures th through which the instrume shall be the most depending p track of the wire, so that no



out of gear. Well, the outcome of so many trials seems simple enough when you look at it, as did the celebrated egg-trick of Columbus. It is a strong, steel, highly tempered spring, acting like the spring of a pair of dissecting forceps. One limb carries at the end a thin round steel shaft, about an inch and a half long, which ends in a transversely oval and obliquely placed eye, for transmitting the wire snare or loop which encircles the vein. The other limb terminates in an arm or hook, round which the ends of the wire are twisted and fastened. The rings upon the two arms are for the purpose of giving a firm hold to the finger and thumb while compressing and closing the spring (as shown at the middle of the figure), till the ends of the wire are fastened upon the upper limb. The dotted lines at the outer part of the figure show the upper arm when at the extent of its action; and its distance from the closed arm shows the extent of transit of the wire to be more than is necessary to drag it clean through the inclosed vein. The steel shaft which carries the wire is pressed down close upon the vein through the puncture, at which the ends of the wire emerge. The puncture is left un-

tion of discharge is possible wound. This is a point of mu tance to obviate any subsequer It is also important, as I have perimentally, to provide that n or obstruction be placed at the through which the wire emer that allowance be made for an of the parts around which m This is effectively provided fo length of the steel shaft, and tion of the counterpressure fro face of the wound. Any i which covers over, obstructs, a upon the puncture in the skin, tionable for this reason. In la of course, a larger instrume stronger spring may be req small cases, a spring of twi wire, somewhat like that of a n has been found sufficient. Su strument I have found to act in cases of varicose saphena.

The wire used is the best and iron wire, as thin as may b strong enough to bear the tens spring. It is first dipped in oil, and passed by means of a lo in the ordinary subcutaneous under the veins, and then be

over the veins, between them and the skin, entering, re-entering, and emerging through the same cutaneous apertures. The ends are then drawn as taut as possible; the loop sinks through its puncture into the tissues out of sight; and the spring-tractor is finally fixed by passing both ends of the wire through the oval eye, pressing down the spring firmly between the left thumb and forefinger, winding the wire tightly round the hook, and fixing it there.

In most of the cases lately in the hospital, all of them men under the age of forty years, the spring-tractor was kept on for a week or ten days; but in one case, which is now in hospital under treatment, we had to deal with a very large varicocele, reaching down behind and below the testicle. In this instance, a pair of tractors and wire ligatures were applied, one above, and the other below and behind the testicle, and kept on for fourteen days. In none of these cases have the patients complained of any pain worth speaking of; there has been little or no discharge, and no formation of pus; and they have been discharged cured a few days after the removal of the wires. In the last-mentioned case, some time after the instruments and wires were withdrawn, we had a very small superficial abscess, but it occurred in a different part of the scrotum, towards the opposite side, and resulted, apparently, from the pressure of the cross strapping used to sustain the scrotum. It was opened by the house-surgeon, and gave thenceforth no more trouble.

In all the cases we have had a very great amount of thickening from fibroid deposit in the track of the wire ligature, producing a great amount of lateral support to the weakened vessels, and persistent for a considerable time, as you may have seen by the patients who have returned for inspection, at a period of many months subsequent to their discharge from the hospital. In patients whom I have seen years after a precisely similar operation, effected by means of an instrument acting with wire in the same manner, but upon a different principle, which I then employed, the veins have remained quite impervious, with a hard, firm, constricted portion, or indurated ring, at the site of the operation. In most of the cases, I have withdrawn the wire before it has quite cut through all the included tissues, and the results have been equally good as in those in which the loop has cut its way clean through. I believe, therefore, that it is not always necessary to prolong the cure by waiting for this result, inasmuch as a great deal of fibrous tissue, not forming part of the venous channels, is necessarily included in the ligature, and often prolongs the process of separation after the veins have been entirely occluded. A dense, hard, and resisting ring of fibroid tissue is formed around the veins by the action of the ligature, which resists the pressure of the blood outwards, and prevents redistension. And not the least of the advantages of the apparatus I have described is the power that it gives us of withdrawing the ligature without pain or disturbance, when it it evident that the desired result has been arrived at, as ascertained by the deposit of fibrin and the small length of the wire yet remaining engaged in the tissues.

In this method, gentlemen, it appears to me that we have all the advantages of subcutaneous treatment and thin metallic pressure, combined with a continuous and equable traction, by which we obtain a division of the diseased veins without danger of hemorrhage, with little or no pain to the patient, without the repetition of a most excruciating process of tightening or screwing up the ligature upon the inflamed tissues; and we get, in a short course of treatment, complete division or occlusion of the veins, no open sore (which, in such cases, is very often very slow to heal), and no suppuration which may endanger the entrance of pus into the veins. And this is combined with the power of disengaging the wire compress; with little pain and no disturbance of the parts, which might set up the process of disintegration of the clot or suppuration of the vein; and with a simplicity of construction and ease of manipulation which leaves little to be desired in the way of improvement.—*Brit. Med. Journ.*, Sept. 16, 1871.

Lecture on the Treatment of Smallpox. Delivered at Homerton Fever Hospital. By ALEXANDER COLLIE, M.D., Resident Medical Officer.

In the mild variety of smallpox treatment is not of importance. "*Il ne faut que demeurer en repos.*" The patient should be kept in bed until crustation is completed, should be fed on light and easily digestible food, and should have his linen changed daily and fresh cool air in abundance. No drugs will be required, except perhaps a purgative pill or a little castor oil. In the black smallpox all treatment is useless, and our efforts should be directed simply towards palliating the patient's sufferings. Cold water will probably be most grateful, and that ought to be given freely. An egg beaten up in a little whiskey-and-water will relieve sensations of exhaustion, but beyond this our art is powerless. Large doses of stimulants are simply wasted. In the severe or confluent smallpox, however, treatment is of the highest importance. Here our management will sometimes determine the result. The patient should be placed in a large, well-ventilated room, a room with opposite windows if possible, and these should be kept open by night and by day and in all seasons. If the weather is very cold, keep a good fire in the room, and let the patient have an extra blanket, but keep the windows open; and if the weather is mild, treat the patient absolutely in the open air. Nothing is of so much importance as pure air, and that in unlimited quantities. In this hospital we have kept our windows open constantly by night and by day throughout the months of February, March, April, &c.; and this has been attended with the very best results, for our mortality is the lowest of all the smallpox hospitals in London, and we were receiving our patients from the same sources, and some time before the epidemic reached its height. Including every death, our mortality is only 14.6 per cent.; and if we were to strike off those who died of sequelæ, and those who died six, twelve, and twenty-four hours after admission, it would be considerably less. Up to July 22 the mortality in the different hospitals has been as follows: Hampstead, 19.1 per cent. Stockwell, 17.6; Homerton, 17.1; Mr. Gladstone's Smallpox Hospital, 17.1 Stockwell Fever Hospital, 15.5; Homerton ditto, 14.6.

The patient's bed may consist of feathers, or a hair or flock mattress; and there ought to be two beds in the room, in order that the patient may be changed from one to the other, and the bed made—a matter of great comfort to a sick person. The sheets ought to be of the finest and softest material. The coverings should be light, and all curtains should be removed. The room ought to be absolutely cleared of rugs, carpets, cushioned chairs, wardrobes, pictures, and everything which might harbour a particle of dust or a smallpox scab. Secure two competent and efficient nurses, one to act by day and the other by night, and remember that, usually, relatives make bad nurses. Inquire first about the bowels, and, as a rule, give a gentle purgative; but do not purge.

Do not place your patient on low diet. That a patient about to undergo the exhausting labour involved in an attack of smallpox should be starved is, in my opinion, of all medical absurdities the most absurd. Your patient will not be able to take food in the same form as in health, but he must and should have the same in quantity, if not, indeed more, although in a different form. Let your patient have milk in abundance, as many raw eggs beaten up with a little whiskey as can be stuffed into him, beef-tea, arrowroot, sago, tapioca, &c. Ordinary tea and coffee, of moderate strength, you will find pleasant stimulants, and these should be given, remembering, however, that if given in too large a quantity they have a tendency to prevent sleep. To relieve thirst, cold water is usually the best and the most pleasant to the patient, and he ought never to be refused this. You will find, however, amongst some nurses and patients' friends a decided objection to giving much cold water. Always combat this notion. There is nothing more pleasant to a parched mouth and a dry tongue than pure cold

Effervescing drinks, such as lem-
ıoda, and potash waters, are very
ng.
ıeat of skin the patient may be
with tepid water two or three
ıily. Indeed, in all cases of small-
whole body should be sponged
If there be restlessness or sleep-
, the following, repeated in half
, if needed, will be found of great
Tincture of opium, fifteen min-
irit of ether, fifteen minims; cam-
ater, one ounce. Or, what we
ten found to succeed when drugs
failed, was two or three ounces of
in warm water, and a little sugar.
se the dose must be modified ac-
to age and sex; but in restless-
eplessness, and delirium we have
this latter most useful. In the
ıtages, with the last-mentioned
on, avoid stimulants as a rule;
ıember them about the tenth day,
ıe patient's powers will be taxed
ıtmost. There is no special drug
ven; and I would advise you not
er your patients much with mix-
Feed them. If salivation be pre-
ɔu had better let it alone; and be
of giving sedatives, as the mouth
r-passages become more or less
up with the saliva—a condition
would be very serious if bronchitis
so present. Soreness of the throat
ys more or less troublesome. Ole-
and mucilaginous drinks, and
urrant jelly, may be given as an
ıent; but the only remedy is time
tience. Try the following, which
e found beneficial in this condi-
Tincture of perchloride of iron and
ne, of each thirty minims; three
day.
ırds the eleventh day look out for
tis; and when it occurs, wrap a
linseed poultice round the throat
ep it there, changing it three or
imes in the twenty-four hours.
he temperature of the room, and
ıd the patient with an atmosphere
m. Avoid antimony, mercury, and
ke; and do not exhaust your al-
ɔxhausted patient with emetics. I
ɔ I need hardly caution you against bleeding. Warmth, steam, feeding, and some stimulant are in my opinion the best and safest remedies. If the difficulty of breathing increases, and you perceive commencing exhaustion, perform tracheotomy at once, unless there be reason to believe that the patient will die of smallpox. If there be no reasonable chance of recovery from this, a prolongation of a few hours is only a prolongation of human suffering. Still, one can readily imagine cases where prolongation of life for an hour, or even for a few minutes, might be of the greatest importance. Of three tracheotomies performed here one recovered.

Delirium is present in some stage of the disease in a considerable proportion of cases, and it requires very careful management. It is usually most violent and dangerous in the early stage of the illness. See that your patient is not left alone for a moment, otherwise you may find him through the window, and on the street below. Delirious patients are very cunning, and watch anxiously for the absence of attendants in order to carry out their wishes. They bear contradiction badly, therefore see that the nurse does not oppose them, or argue with them. If a patient will get up, let him do so, and walk him about the room or into the staircase, and after that you will probably find him glad to get to bed again. Humour him always if you can, and do not treat him on the supposition that he is a poor stupid fool, for whom any kind of story will do. Remember that such patients are very cunning, and that their *reason* always remains intact. The objective world, as it presents itself to their consciousness, is distorted, but their reasoning on it is always sound. Always agree with your patients, therefore, and try to convince them that you are taking the necessary steps to accomplish what they wish, or to prevent what they fear. Try to discover the way in which the objective world presents itself to their consciousness, remembering that in the highly irritable condition of the nervous system present in delirium, objects are far more vividly conceived, and produce a much stronger impression than they do in

health. If your patient thinks he is going to be murdered, and that his nurse is in league with some one for this purpose, do not try to convince him to the contrary. You will only irritate him, and produce a conviction in his mind that you are in league with his enemies. Send away the nurse; put your patient into another room; command absolute darkness and absolute silence, and in the majority of cases this will succeed. Beware of using force, or of tying your patient down. I have again and again seen slightly delirious patients driven frantic by this means. Patience, gentleness, and firmness will almost always succeed, but above all things gentleness. Remember you can never handle a sick person *too* gently, nor speak to one *too* softly. To a shattered or highly sensitive nervous system, the slightest sound, the faintest light, the gentlest touch, are sometimes almost unbearable. If, therefore, a patient will get out of bed and walk about, will persist in throwing about his arms and legs, let him do so. It is far better that he should exhaust himself than himself and one or more attendants. Of course, if suicide is attempted in any form, force must be used; but proper nursing will never give an opportunity for an attempt of this nature.

The prevention of pitting has exhausted the ingenuity of all who have thought about it. To assist in preventing this deplorable result, common olive oil should be used; but all means employed for this purpose fail where most wanted. In the severe cases nothing will prevent pitting; and I would not advise you to try any of the ordinary methods. To use nitrate of silver effectively in confluent smallpox would give rise to so much irritation as to endanger the patient's life. The famous emp. Vigo is, in my opinion, a humbug. Tincture of iodine, calamine, with olive oil, sulphur ointment, &c., have been employed with more or less success as the practitioner has argued *ergo propter* or *ergo post*. I believe you will only annoy your patient by using them.

About the eleventh day you may find diarrhœa troublesome; but I would not advise you to interfere with it unless it is excessive or clearly weakening the patient. A little castor oil may be necessary; and in most cases I should prefer to try this first, as patients are usually constipated in the earlier stages of smallpox, and diarrhœa is sometimes an indication of the presence of irritating substances in the intestine. If castor oil fails, try the following: Dilute sulphuric acid, fifteen minims; tincture of opium, five minims; water, one ounce; four times daily. Along with this may be given a starch-and-laudanum enema, with fifteen, twenty, or thirty drops of the latter, according to the age. This will succeed in the majority of cases; but when it fails, recourse must be had to the more powerful astringents. See that your patient is not taking too much whiskey, as that sometimes causes diarrhœa.

Just about this period bronchitis, by itself or with pneumonia, may arise. Wrap your patient's chest in a blanket or in cotton-wool; and if you think he requires a drug, the following is a good one: Carbonate of ammonia, five grains; spirit of chloroform, fifteen minims; tincture of squills, ten minims; infusion of senega, one ounce; every three, four, or six hours.

Stimulants may now be useful. We avoid rules on this subject. In short, we always think more of the person, his history and constitution, than of the disease. In other words, we treat a *person* in a diseased condition, and not merely a disease. I will not speak very dogmatically on the question of alcohol; but I am quite sure that, in large doses, it sometimes does well. In small doses, such as an ounce or two, to help a raw egg down, or with a little hot water to produce sleep, it is always useful; but I think that in some cases it actually determines recovery. Ordinary physiological rules, coupled with the age and habits of the patient, must be the chief guide. If he has been accustomed to his daily or nightly glass, by all means let him have some stimulant all through.

The most hopeless of complications or sequelæ is pleurisy. We have employed with some success the following tre-

ire of iodine painted over side; cotton-wool wrapped st and throat; a mixture con- minims of tincture of muri- d thirty minims of spirit of in an ounce of water, three with stimulants in modera- feeding. Always feed, what- ie complication. Erysipelas ly feeding and tonics; as local ve have invariably used fine ultices. We have only had .

d to abscesses, early open- eding, and stimulants should ent pursued. The following le tonic: Two grains of sul- nia, twenty minims of tinc- ite of iron, and fifteen min- of chloroform, in an ounce ice daily.

uld not be allowed to remain trils and mouth, where they air which the patient must ey should be carefully re- y form, and a stream of car- tion kept running over the being removed. Air cannot composing fetid matter with- re or less contaminated, and s source of contamination is tly recognized. Always re- nder which pus is forming; eriod see that your patient which, if properly managed, without producing exhaus- tly adds to a poor creature's ave a quantity of stinking ed away. A little carbolic put in the bath.

patient begins to convalesce, ome time during the conva- is often irritable, and gener- rtable. In this condition we he following very useful: di- c acid, fifteen minims; tinc- m, five minims; water, one or four times daily. It re- ion, soothes the mind, and appetite.

lar throughout that your pa- is frequently changed. In is may be an hourly instead ecessity. Also see that he does not always lie upon his back, but that he is frequently changed, so as to avoid too constant pressure on particular parts. In severe cases procure a water bed at once. By good nursing, let me repeat, almost all bedsores might be prevented, and to their prevention we ought to look most carefully. Do not believe your nurse that your patient is dry and all right; look for yourself and see. Receive no information from nurses or friends which you may acquire from your own observation. Accept nothing on credit which you can see for yourself.

For hemorrhages from the mucous surfaces there is no special treatment. If it is severe, add to your stimulant, and take care that your patient does not get out of bed to stool. Indeed, in severe smallpox, you should never allow your patient out of bed to stool after the seventh day of the disease. Insist on the bed-pan.

Orchitis, gonorrhœa, and arthritis sometimes require warm poultices and mild astringent lotions, but these are usually sufficient.

Such is the treatment we have employed. To sum up: air, cleanliness, feeding, stimulants in moderation, sedatives, and tonics are, we believe, the best treatment for smallpox.

One important question may be here answered—viz., when a smallpox patient may be considered free of danger to his neighbours? This, in reference to the public, is a most important question, and one which requires an accurate answer. We have thought over this very carefully, and we believe that we have arrived at an unassailable conclusion. It is a truism to say that a healthy man cannot give to another a contagious disease; for the question at issue is, when and how a person may be certainly recognized to be in a state of health. Now, you know the ordinary signs of health: a certain temperature, or rather range of temperature, a quiet pulse, a clean tongue, a clear mind, &c. When you find these conditions in a smallpox patient, he is in a state of health. But—and this "but" is very important—certain products of disease remain for an indefinite time attached to the body.

These are the scabs, and the scales which follow them. When these are quite gone, your patient well washed, and clean clothing put on, you may send him anywhere without let or hindrance. The practice here has been that, as a patient is ordered out of bed, he has a bath, and this is repeated every second day until he leaves the hospital. It facilitates the removal of the scabs. No person has ever been sent out of this hospital with a smallpox scab or scale.

I have but a word to say about children's heads: they are most aggravating. Shave, poultice, until removal of the scales, then use tar or oxide-of-zinc ointment, the former being preferable, and give the following: Cod-liver oil, one drachm; iron wine, two drachms: three times daily.—*Lancet*, Sept. 30, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Frozen Beef-Essence.—Dr. H. B. HARE states (*Phila. Med. Times*, Oct. 16, 1871) that in a case of scarlet fever in a child, the patient could not be induced to swallow the beef-tea which his condition required. As he took ice with avidity, the father suggested that if the beef-tea were frozen he might then be induced to take it in that form. The suggestion was carried out, and the child took the frozen beef-tea readily. This expedient may in many cases be advantageously resorted to.

Criminal Abortion.—Dr. FINNELL exhibited at the meeting of the New York Pathological Society, Sept. 13, 1871, the uterus and appendages taken from the body of a young woman, Alice Bowlsby, who died by abortion. The case was the one associated with "the great trunk mystery." The young woman, finding herself pregnant, came to New York to have an abortion produced. She entered the house of one Rosensweig, who performed some operation upon her which resulted in her death. She left her home on Wednesday, and probably on the same day the abortion was produced. On the following Saturday evening her remains were found packed in a trunk at the Hudson River Railroad depot, checked *for* Chicago. The autopsy was made by Dr. Cushman, to whom Dr. F. was indebted for the specimen. The body was far advanced in decomposition. On opening the abdominal cavity there were marked evidences of metro-peritonitis; the uterus was enlarged and gave other signs of having contained a fœtus; the mucous membrane of the cervical canal was torn in several places, as if by some blunt instrument. He, Dr. F., thought it rather remarkable that death should have occurred so rapidly in this case, and that decomposition should have been so far advanced so short a time after the operation.

Dr. Rogers remarked that the facts connected with this case were curious and interesting. This young woman was said to have left her home on the afternoon of the 23d; that while her mother went home she took a détour to New York. Nothing more was heard of her until Saturday, the 26th—three days after. She was found in a trunk, in such a state of decomposition as to attract the attention of the people employed in the depot. It would seem that she must have been dead at least twenty-four hours to have arrived at that state of decomposition. Supposing the operation was performed on the night of her arrival, she must have died on the morning of the 25th, to have given time for the decomposition to have advanced. It was altogether probable that she died within twenty-four hours after the operation, and taking that apparent fact in connection with the alleged cause of death—metro-peritonitis—it made a very unusual case, more especially when the lacerated condition of the tissues about the neck of the uterus was taken into consideration. The question might be agitated whether the woman did not die during the operation, from mere shock, or whether it were not possible that a uterine vein had been opened and air entered the circulation.—*Medical Record*, Oct. 2, 1871.

Medical Society of the City of Wheeling and County of Ohio.—This Society, at its

; on the 6th of October last, elect- following named gentlemen as offi- the ensuing year: President, Dr. ourdin Bates; Vice-President, Dr. d Blum; Secretary, Dr. S. L. Jep- reasurer, Dr. John C. Hupp; Board sors, Drs. R. H. Hazlett, E. A. h, and John Frissell. The Society on the first and third Friday of nonth.

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igo Medical Colleges.—We are hap- learn that the Chicago Medical and Mercy Hospital entirely es- damage in the dreadful conflagra- hich recently devastated Chicago, not extending to that portion of in which they are situated. We to learn, however, that the Rush l College was less fortunate. The ors in the latter school are, how- e believe, continuing their courses of the hospitals.

y of the physicians in Chicago ad their libraries and surgical in- nts destroyed, and donations of of these will be acceptable.

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American Pharmaceutical Associa- This active and highly useful asso- held its nineteenth annual meeting Louis, Mo., on the 12th, 13th, 14th, th of September last. The attend- members was large, and a num- valuable and instructive papers ports were presented. The min- the meeting, which are reported *American Journal of Pharmacy* for r, show that the proceedings were sly restricted to matters of phar- ical and scientific interest, and e discussions were conducted with ost dignity and propriety.

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ce Greeley on the Woman Question. Greeley, in a letter to the editor *Golden Age*, says: "I have but t of seven children, and these are ughters. I would gladly fit them s of usefulness and honour, as be- nd loving wives of virtuous, up- oble men, and mothers, if it shall God, of good, healthy, happy n. If it be decreed that they are to be, not such women as those I have most admired and reverenced, but men with a female physique—powerful in ward caucuses and nominating conventions, vehement in Senate and on the stump, and effective before juries in the trial of actions for *crim. con.*—I pray that my career on this globe shall close before theirs is fairly begun. When and where they shall thus shine, it will not be pleasant for me to stay."

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Obituary Record.—Died, Sept. 8, 1871, at Norfolk, Mass., of apoplexy, John Edwards Holbrook, M.D., formerly Professor of Anatomy in the Medical College of South Carolina. Dr. H. was not only an excellent anatomist, but also a distinguished naturalist. His splendid work, in five quarto volumes, entitled "North American Herpetology," is justly esteemed as a most valuable contribution to Natural History.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—A death from chloroform, as in the case of other accidents, seldom comes alone. Of late, we regret to say, several instances have occurred in London and in the country. On Thursday week an inquest was held on the body of a drayman, æt. 34, at the Manchester Royal Infirmary, who, when admitted into the institution, was suffering from a fracture of the leg. Mr. J. G. Gordon, House-Surgeon, attempted to set the limb, but, after several trials, failed, as the deceased shrunk from the operation. Mr. Gordon suggested that chloroform should be administered, and the patient assented. A rag sprinkled with chloroform was accordingly placed several times in contact with the face of the deceased, and Mr. Gordon frequently essayed to adjust the limb, but the deceased could not be got sufficiently under the influence of the anæsthetic, and each attempt was unsuccessful. The pulse of the patient suddenly ceased to beat. The usual remedies for resuscitation were resorted to, without effect. Mr. S. Buckley, Physician's Assistant, made a post-mortem examination of the

body, and discovered fatty degeneration of the liver and kidneys. The brain was softened, and the heart flabby and much dilated. The witness was of opinion that death resulted from "shock to a dilated heart, whilst deceased was under the partial influence of chloroform." He considered the chloroform would not have had a fatal effect if the heart had not been so diseased. Verdict accordingly. —*Med. Times and Gaz.*, Oct. 7, 1871.

Another death occurred in the London Hospital, Sept. 24th last. The subject of it was a boy, æt. 15, to whom chloroform was given that an operation might be performed on him for strabismus. After the completion of the operation, the patient, upon recovering from the effects of the drug, made efforts to vomit. "While doing so, he gave a deep inspiration, which had the effect of forcing back the matter, and causing his death by suffocation."—*Brit. Med. Journal*, Sept. 30, 1871.

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Death from Bichloride of Methylene.—A case of this lately occurred at the Radcliffe Infirmary, Oxford. The patient, a woman, æt. 44, was about to undergo an operation for cancer of the breast. Bichloride of methylene was administered on a flannel rag. After two or three convulsive gasps, the patient expired. The quantity administered was small. Artificial respiration was practised, and other means of restoration, but without success.—*Brit. Med. Journal*, Sept. 16, 1871.

—

Failure of Condurango in England.—All that we hear of the results of the trials given to the condurango bark furnished by our Government to the Middlesex and St. Bartholomew's Hospitals, through the College of Physicians, confirms the fear that any hope which might have been entertained, of a confirmation of the statement of its utility as a remedy in cancer, must be entirely dismissed. Physiologically, it appears to be practically inert, and its therapeutic effects in the treatment of cancer to be *nil*. It furnishes a slightly bitter extract of feeble characters. A detailed therapeutical report will be made by Mr. Hulke, and a careful examina of its physiological action by Dr. Ba ton, but this mainly in deference rat to the official sources from which t small supply has been furnished, and set at rest the excitement caused by t somewhat scandalous claims which ha been set up in its favour.—*Brit. Me Journal*, Sept. 9, 1871.

—

Vapour of Ammonia in the Treatme Whooping-cough.—Mr. John Grantha states (*Brit. Med. Journal*, Sept. 1 1871) that in cases of whooping-cough the last stage (that is, after the thi week) which he has had recently, he h had one ounce of the strongest liquid a monia put into a gallon of boiling wat in an open pan, and the steam kept t by means of half a brick made red-h throughout and put into the boiling w ter containing the ammonia, the p placed in the centre of a room, in which the patients were brought as t ammoniated steam was passing off. "Th method was used in the evening, just befo bedtime; and it has been so efficacious he says, "in abating the spasmodic attac and after three or four days terminati the malady, that I cannot overestima the great value of this mode of inhali the ammonia as a therapeutic agent tranquillizing the nervous system whooping-cough."

—

Treatment of Chlorosis.—M. Delio de Savignac proposes, in the *Bulletin Thérapeutique*, the following formula being likely to fulfil most completely th ordinary indications of treatment in chl rosis: tartrate of iron and potass, te grammes; powdered aloes, two gramme powdered castor, two grammes; powdere saffron, one gramme; to be made into mass with Venice turpentine and divid ed into a hundred pills. At first, thre pills are to be given daily, and the num ber is to be gradually increased to six nine; care being taken to maintain a fre action of the bowels without producin diarrhœa. The pills are to be take three times daily; early in the morni and at luncheon and dinner. M. Delio de Savignac explains that the aloes in

ded to obviate the constipation frently met with in chlorotic patients: castor oil and saffron to relieve flatut distension of the abdomen; while the rpentine exercises a beneficial influence the leucorrhœa. If the aloes act too nergetically, it may be replaced by rhuarb; or, if constipation remain obstiate, a little jalap, scammony, or gamoge may be added. If the bowels be ready free, M. Delioux omits the purative altogether. When the turpentine produces gastric disorder, or colic with r without diarrhœa, balsam of Peru may be substituted for it. The use of the pills is contraindicated in chlorosis atended with menorrhagia.—*Brit. Med. Journal*, Sept. 30, 1871.

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Treatment of Nævus by the Galvanic Cautery.—Dr. Maas, of Breslau, has collected in the *Archiv für Klinische Chirurgie* (vol. xii.) the histories of 112 cases of nævus treated by the galvanic cautery. The results were as follows: *Capillary Nævus*—cured, 82; improved, 1; result unknown, 1. *Cavernous or venous nævus*—cured, 72; improved, 8; result unknown, 1; died, 3. *Arterial or racemose nævus*—cured, 2; improved, 1. *Nævus combined with other tumours*—cured, 6; improved, 1; result unknown, 2. He derives from the examination of the cases the conclusion that the galvanic cautery is followed by the best results in nævus, and is much safer than the injection of perchloride of iron or any other coagulating fluid. It would, however, be wrong to say positively that the remedy is indicated in all cases of nævus. As Virchow has well remarked, the surgeon must take the circumstances of each case into consideration. The battery used in the cases referred to was that of Middeldorpf.—*Brit. Med. Journ.*, Sept. 30, 1871.

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Tetanus.—Among other interesting papers lately read before the Academy of Sciences in Paris, was one by M. Demarquay, in which he showed that several cases of lock-jaw had been cured by extremely hot air baths, followed by the injection of morphia under the skin.—*Lancet*, Sept. 23, 1871.

Wasp-stings.—Dr. Drury states (*Brit. Med. Journal*, Sept. 23, 1871) that during the previous three weeks he had been called to treat no less than seven cases of illness caused by stings of wasps. He recommends the following treatment for them: "A careful examination of the wound should be made with a good pocket-lens, and any remnant of the sting removed with a pair of fine-pointed forceps. Laudanum should be applied by means of a cotton-wool swab for at least ten minutes, followed by warm water fomentations. Internally, brandy and hot water should be given at once, and twenty minims of aromatic spirit of ammonia every half hour as long as there is depression. If the mouth or throat be stung, warm flannels should be applied to the neck, and warm inhalations with ether employed. There is sure to be spasm of the rima glottidis in these cases. In no case that I have seen yet would I have given opium internally; I doubt anything but mischief from its use in any of these cases, but I am aware it has been recommended by medical writers. If local pain be not subdued by the application of the laudanum, then I think I would try the effect of hyoscyamus poultice or tincture of belladonna sprinkled over a warm damp flannel, and applied to the wound.

—

Efficacy of Vaccination.—Dr. De Renzy quotes the following interesting fact:—

"The priest of the Mahomedan shrine of Bahawul Hug, at Mooltan, Mukdum Shah Mahomed, consented, at the request of the Deputy Commissioner General Van Cortlandt, C.B., to have his son vaccinated; and I performed the operation myself, hoping that the example set by this high religious authority would have a good effect in inducing other Mussulman parents to allow me to vaccinate their children. The priest, indeed, had little faith in my assertions of the efficacy of vaccination; but, as he thought it could do no harm, he yielded, from a feeling of courtesy to General Van Courtlandt, so far as to have the child operated on. In due course, and some time afterwards, the ceremony of inoculation,

which had been practised for many ages in the Mukdum's family, came to be performed; and then, to his surprise, he discovered that the boy would not take smallpox. The most skilful inoculators tried and failed to produce the disease. The experiment satisfied the Mukdum of the truth of what I had told him — that vaccination, properly performed, is an almost sure preventive of smallpox. The boy is now himself the priest of the shrine of Bahawul Hug, his father having died two years ago. Unlike his father, who was deeply pitted with smallpox, he does not bear the smallest trace of that terrible disease."—*Brit. Med. Journal*, Sept. 30, 1871.

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The Use of Secondary Lymph.—Our Manchester correspondent writes that the extent to which revaccination has been practised in Manchester during the last few months, has afforded rare opportunities for deciding some questions which were before held by some to be still *sub judice:* for example, the custom which has prevailed among the millowners of having all their workpeople vaccinated, has settled the question of the value of secondary lymph, as compared with virgin lymph. Out of many similar experiences, the following may be quoted by way of illustration. A fortnight ago, a surgeon vaccinated 300 operatives; in 150 of these cases he employed virgin lymph; in the remaining 150, secondary lymph was used. The first series gave the following results: 19 cases were unsuccessful; in 16 cases, small papules and spurious vesicles resulted, while the remaining 115 all showed well-marked primary vesicles. The second series gave very different results; for out of them, 50 were entirely unsuccessful, 86 terminated in papules and small spurious vesicles, and only 14 yielded true primary vesicles.—*Brit. Med. Journal*, Aug. 19, 1871.

—

Gelatine as a Vehicle for Powerful Medicines.—Dr. T. HUSEMAN gives an account (*Centralblatt f. Med. Wiss.*, No. 157) of the method of Prof. A. ALMEN, of Upsala, for the administration of medicines by means of the gelatinæ medicatæ in lamellis. This method which has been extensively used in Sweden, renders the administration of powerful medicines easy and exact. Glue (6 grammes) is dissolved in warm water (230–260 cent.) and then the medicine added. The solution is poured upon a plate of glass to solidify and dry. The stiffened mass, of the thickness of paper, is divided into squares, each of which contains a certain dose. A slight addition of glycerine serves to make the otherwise brittle gelatinæ tough, and flexible as paper. Too much glycerine makes the gelatinæ soft and too readily moist. With insoluble drugs, it is necessary that the medicine be added to the solution of glue in a thick emulsion; gum-acacia is to be preferred to gum-tragacanth. The gelatinæ must not be placed dry upon the tongue, but moistened and swallowed with a gulp of water. The chief drugs thus used by Prof. Almen are: Gelatinæ morphii acetici, tartarized antimony, acetate of lead, sulphate of copper, extract. opii, opii levantici, extract. belladonnæ, extract. colocynth comp., hydrarg. chlorat. mitis, pulv. rad. ipecac, infusion ipecac., pulv. fol. digitalis, infusion digitalis, camphoræ. The gelatinæ atropini and physostigmatis, for local application to the eye, have proved useful, but the gelatinæ sinapis and cantharidum for external application to the skin have not yet been thoroughly tried.—*Medical Press and Circular*, Aug. 23, 1871.

—

Anhydrous Glycerine.—M. EBERHARD has called attention to the power possessed by absolutely anhydrous glycerine of withdrawing water by an exosmotic process from tissues to which it is applied. Marion Sims some time ago demonstrated that a ball of lint dipped in glycerine and applied to a freely suppurating surface, arrests the secretion. Turst has also applied the glycerine plug in a large number of cases of fluor albus, and M. Eberhard states that he has been very successful in applying the same means in similar cases.—*The Druggists' Circular*, Oct. 1871.

—

Cholera.—At the present time epidemic cholera is prevalent in the pachalik of

in the central and northwestern
s of Persia; in the trans-Cauca-
vinces of Russia; in several of
sian ports of the Black Sea and
ıov; throughout Russia in Eu-
l in the provinces of Germany on
ic and North Sea. The disease is
g from the pachalik of Bagdad
Hedjaz, from the Black Sea to
phorus, and from the seaboard
s of Germany to the central pro-
f the empire. In presence of a
pread extending epidemic of chol-
ch has effected a lodgement in the
nost parts of Europe, and is in-
there, the danger of the epidemic
Great Britain can hardly be
be remote, or the precautionary
s premature which are now being
gly urged upon local authorities.
, Sept. 30, 1871.

—

ing of Hospital Wards.—M. Ra-
es (*L'Union Médicale*, Aug. 20,
at he has succeeded in purifying
wards, without disturbing the
by the following means: An
generating apparatus is placed
the building, and, by means of a
lia-rubber tube, a volume of oxy-
ntroduced, measuring about the
lth part of the cubic feet of the
ter the ward had, as usual, been
ıtilated. To feed the patients'
, a few fumigations with cascaril-
made. In both extremities of the
rge basins containing one pound
ide of manganese and ten pounds
olution of hyperchloride of lime
ced and changed every day. The
has been conscientiously applied
abot in a hospital at Versailles,
best results.

—

opathy.—The *Lancet* (Sept. 30,
commenting on the appointment
ofessing homœopath as a union
officer, makes the following just
: "No one ought to be placed
e of the sick poor who professes
nd entirely on some particular
r or peculiarity of treatment, and
hus shut out, *ipso facto*, from the
principles of therapeutics, and
may for that reason be obliged to offend the prejudices of the sick, who are most concerned in the matter. Private persons may go to what doctors they please; but it is the duty of the State to provide that its medical officers should be, in the widest sense of the term, general practitioners, and not curtailed in their usefulness by the chains of some narrow hypothesis or some peculiar crotchet.

—

Sugar of Milk in a Vegetable Juice.—M. M. G. Bouchardat has discovered in the juice of the fruit of the sapota tree, (*Achras Sapota*) a crystalline saccharine substance, perfectly identical with the sugar obtained from the lacteal secretion of the mammifera.—*La Revue Scientifique*, Aug. 26, 1871.

—

Vienna.—Prof. Kœrner of Gratz, one of the most eminent of the German professors, and well known by excellent works on tuberculosis, movements of the heart, fever, &c., has been appointed to the chair of Professor Oppolzer.—*La Santé Publique*, Sept. 21, 1871.

—

Obituary Record.—Died, at London, on the 24th of September, in the 66th year of his age, Samuel Solly, F.R.S., formerly Senior Surgeon and Lecturer on Surgery to St. Thomas's Hospital, and President of the Royal Medical and Chirurgical Society. Mr. Solly's principal contributions to medical literature were a work "On the Human Brain," which earned for him an election as Fellow of the Royal Society; a large volume of "Surgical Experiences," and "An Analysis of Müller on the Glands."

—— In Paris, 18th Sept. last, M. Blache, formerly President of the Academy of Medicine. Dr. B. enjoyed great reputation in the treatment of the diseases of children, and was highly esteemed and honoured by his brethren.

—— August 30th, aged 47, Hyde Salter, M.D., Physician to Charing-Cross Hospital. Dr. S. was an eminent physician in London, and well known in this country as the author of a valuable work on Asthma, reprinted in the Library Department of the *News* for 1863.

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CLINICS.

CLINICAL LECTURE.

Abstract of a Clinical Lecture on a Case of severe Injury to the Lower End of the Femur. By PRESCOTT HEWETT, Esq., F.R.S., Surgeon to St. George's Hospital.

GENTLEMEN: The subject which I bring before your notice to-day is one of great interest, and one which may be to you, by and by, in practice of the utmost importance, and which might, in some measure, affect your reputation: I allude to the case of the girl in the Wellington Ward, in the third or fourth bed from the right. She was admitted into the hospital on the 21st September last, and, as it is now the 17th of October, she has been a month in the hospital. She was walking down a flight of stairs at the International Exhibition, and, while doing so, she caught her foot on the edge of a step and fell, sustaining, it was supposed, a fracture of the end of the femur. She wore high-heeled boots. I do not know how it has happened, but there have been a great many accidents in the International Exhibition. I suppose they must have arisen partly from the height of the stairs, and partly from the height of the ladies' heels. Ladies are anxious to look tall, thinking that their appearance is improved, and therefore they wear high-heeled boots. Such accidents are not always, however, due to the high heels, for a lady whom I knew fell by tripping on the stairs at the Exhibition, and came down on the cheek-bone, breaking it, and having ecchymosis on the right side of the face for months afterwards. But the first thing to which I would call your attention in this case is the high heels of the boots. Ladies will, for the most part, wear them; but they could not do a worse thing, for their feet are placed in a difficult and most unnatural position. They are very tenacious about this fashion, but you must be as tenacious against it: the number of accidents in consequence is very great. To

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show you how very tenacious ladies are on this point, last year I was sent for to see a young lady in one of our London hotels. She wished to consult me about her foot. On seeing it, I thought its state depended upon her boots, and I asked to see them. The boots were brought in by the lady's maid, but the only thing I could observe about them was an immensely high heel. I said: "It is the high heel of your boots that causes the mischief, and unless you diminish this I can do nothing for you." She became quite angry, and said she could not alter them. "I cannot do it, and I will not." Suddenly again she toned down, and said: "Pray, sir, what would people say if they saw me walking about the park without high heels?" I said: "It is simply heels *versus* brains. If you have brains, you will cut off the heels; if you have no brains, you will continue to wear them." She fortunately had brains, cut off the heels, and her foot got quite well.

To return to our patient. On admission to the hospital, this girl was, as I said, supposed to have a fracture of the lower end of the femur, close to the joint, and the injury was all but compound. A long splint was applied, but it was very difficult to keep the fragments in their proper place; and, as the surrounding parts became very swollen and painful, the patient was put on an Earle's bedstead on the 26th, and then matters went on until I returned from my holiday, when I took charge of my patients on the 2d of October, and saw this girl, being told there was great difficulty in keeping the fragments in their proper position. On examining the leg, after taking off the short splints, I found that there was a large projection on the outside of the thigh-bone, due to the upper piece of the bone pressing against the skin. And now a closer examination of the parts led me to think that, after all, the case was perhaps one of separation of the epiphysis, and not a fracture. The injury is close to the knee-joint. The bone projecting is certainly not more than an inch above the condyle; the fragment, instead of being sharp, is obtuse; in addition to which we have the age of the girl, 17, and the nature of the accident. This case is, then, I think, *one* of separation of the epiphysis of *the* femur.

Severe injuries of the lower end of *the* femur may be of two kinds—a fracture close to the knee-joint, and a separation of the epiphysis; the former is by far the more common form of the injury—the latter being, indeed, rarely met with in adults. It is but a few years ago that we were first quite clear as to what happens in the separation of the epiphyses, and all the cases published then were cases of children. I presume that you know we have a line of cartilage at the lower epiphysis of the femur. So long as this exists, so long may a separation take place. The question then arises, At what time of life does this piece of cartilage disappear and the condyles become joined to the shaft? The age varies in different individuals. The cartilage sometimes exists up to the age of 25 years. You will find in most of the authors no allusion made to the possibility of this accident from 18 to 25: it is only mentioned in a very casual manner that this does not take place after 14 or 16. However, I have had several cases at a later age than that. [Here Mr. Hewett showed a specimen in which there was a separation of the epiphysis at the age of 18.] You see the condyle completely torn off; it happened when I was assistant-surgeon. You will find a very accurate history of this case in the Catalogue of our Museum, vol. i. p. 137. There was also in this case a separation of the epiphysis of the tibia and lower end of the fibula. The limb, from the knee downwards, was icy cold, and there was great swelling about the ankle. Mr. Cæsar Hawkins, under whose care the patient was, amputated the thigh. On dissecting the knee-joint, all the deformity was found to depend upon a separation of the epiphysis, and the coldness of the joint upon an injury to the popliteal artery. The case in the hospital now reminds me very strongly of Mr. Hawkins's case. Now this case is one which might in a country village lead you into great trouble. You may depend upon it that, if such a case as this unluckily fell into your hands when you were begin-

; practice, it would be said that you not know your business or you could e it all right. In a separation of the hysis what happens is this: the carge is torn from the bone in some parts, in others the bone itself gives way, hat there is a very irregular jagged face. To readapt such surface is a y difficult matter. You may bring one tin to the proper place but not another, l such is the case with this girl. If a section were made, you would probably d such to be the condition of the parts. I have shown you a specimen of sepaion of the epiphysis from our museum 18 years of age. There is another such 17, and two at 16, and all these hisies are fully detailed in the Catalogue; l there might be separation of the epiysis at a later age even than 18. Always r in mind that such may possibly hapn, but very rarely, it is true, till the of 25.

[Mr. Hewitt then dwelt on fracture, perly so called, of the lower end of the nur, narrating some interesting cases, d exhibiting a number of specimens inlving the condyles from the museum. then proceeded.]

Having made out what is the nature of e accident in this girl, I must make some ntion of the plan of treatment. In the esent day, we for the most part use the g splint in cases of fracture about the er end of the femur. When this girl me in, the long splint was applied; but . Rouse, after two or three days' trial th this splint, resorted to the inclined ne. The first was Earle's bedstead; l then, finding that this did not answer, rdered a common inclined plane, since ich the parts have been kept in much ter apposition, and she now finds her- much more comfortable. In addition the inclined plane on which the limb ts, we have short splints on the outer, er, and upper parts. I have been very eful to tell the girl that she will have ne deformity about the thigh, although will not interfere with her walking. d when you have a case of this kind to al with, gentlemen, and you see that there nt be some deformity, you will find it best to tell your patient and friends that such must be the case.—*Brit. Med. Journ.*, Nov. 4, 1871.

HOSPITAL NOTES AND GLEANINGS.

Removal of a Fungoid Tumour in the Upper Arm.—Sir Wm. Fergusson on Oct. 14, removed a large fungous mass, of about the size of a cocoa-nut, situated near the shoulder of a sickly-looking man, aged 34. The knife was swept around the tumour, and the bulk of it removed; but it required very careful dissection for ten or fifteen minutes to separate its connection with the biceps and other structures about the joint. After a few arteries of no great magnitude had been tied, and others pinched, the wound was closed, and the patient removed to bed. Sir William Fergusson then made the following remarks:—

This is a case, gentlemen, peculiar in a variety of aspects. This patient was born with certain tumours upon him; and at that time he was seen by some of the first men in the profession in England, who all doubted the propriety of interference, because they were uncertain as to the character of the tumours. There was one particularly near the left eye, and another under the clavicle, and both of such magnitude that the patient was looked upon as one not likely to live long. But the child lived to boyhood, and the boy grew up to manhood; and twelve years ago he came under my notice. I decided as to the character of both the tumours; and both were removed with facility, and without subsequent evil. He had then a number of molluscous tumours about him, but these were not meddled with. One of them, on his arm, however, increased so much in size that it was removed five months ago. It was of the size of a walnut. The disease returned in the cicatrix, and has in that brief time—since May last—grown to the size you saw. I had the privilege of seeing him last week, as I took a special interest in the case, and considered that the disease was likely to prove serious. It would have been a pity to have subjected him to amputation of the whole arm, because it was perfectly healthy save this fungoid tumour. It struck me that the tumour

might be removed; and I gave that advice, and was prepared to operate. But I was also prepared to amputate if necessary—if the tumour involved the other tissues in the neighbourhood. I had doubt about it, and thought that it certainly did involve the biceps. I could scarcely think that it involved the brachial artery and nerves: if it did, amputation was the only resource. Now, on proceeding with the dissection, it did not give much promise at first; but the biceps muscle I recognized early in the operation, and saw that the tumour was attached to the outer and back part of it, and that I could save a large proportion of the muscle. I cut through its aponeurosis; and then a careful dissection enabled me to take out the larger portion of the tumour. It then became apparent that the deeper part of the tumour was to the outer side of the brachial artery and nerves, and so I proceeded with much more freedom. Looking at the health of the patient, I may say that the prospects are not specially good; but yet there is the arm now without an unsound tissue upon it, and without any structure of importance taken away. Even supposing this to be a malignant tumour, amputation itself would have afforded, perhaps, no better prospect than the partial removal which you have now seen.—*British Med. Journ.*, Oct. 28, 1871.

—

A Record of Cases of Cancer of the Breast.—The following record of ten cases of malignant disease of the female mamma have been operated upon eleven times at the Bradford Infirmary, England, within about twelve months; two died of the operation; three have died since, one of return of the disease locally, and two from constitutional return (of these one in the liver and one in the lung); in two more the disease has recurred locally; and in three there has been no recurrence of the disease up to the present time. In the cases of the last three patients, the longest interval between the date of operation and the present time is nine months; in another the interval is five months; and in the last the interval is three months. The disease has recurred in *eve* cases in which the axillary involved at the time of the

Dr. Rabagliati observes t easy to understand how t sults are to be reconciled w theory of origin of the d Mr. Campbell De Morgan ac though some fair objections that writer against the other tional, theory of origin, chi difficulty of understanding l of patients suffering from c minate locally the *materies* tains, he thinks it must be the weight of evidence is view. It is in particular di impossible, he says, to rec the recurrence of the disea locally; or, still more so (tionally or internally, as occ 4 of this series, in which it to be observed there was involvement at the time of o no evidence, therefore, of af constitution at that time. *teries morbi* must have been or, if this be objected to, at blood must have been infec constitution must have had cable tendencies to the dis to these arguments is adde eration that cancer can f shown to be a disease transm tarily, the difficulties of ma local theory of its origin bagliati adds, immensely, insuperably, increased.—*La* 1871.

MEDICAL NE

DOMESTIC INTELLI

Death from Chloroform.—(*The Clinic*, Oct. 28, 1871) t of old dislocation of the elbo was given to secure relax it was administered for f the desired effect being obt withdrawn. Suddenly it wa the pulse began to flag. Th became cold, respiration was soon ceased altogether. Dr. Cincinnati], the operating

sorted to artificial respiration and acupuncture of the heart without avail.

—

Smallpox in Philadelphia.—The smallpox epidemic which prevailed so extensively last year in London, and the previous year in Paris, has extended to this country, and is prevailing to a greater or less extent in New York and Philadelphia.

The following table shows the number of deaths each week from the disease in Philadelphia since Sept. 2, 1871:—

Week	ending	September 2	0
"	"	" 9	1
"	"	" 16	6
"	"	" 23	4
"	"	" 30	7
"	"	October 7	23
"	"	" 14	54
"	"	" 21	74
"	"	" 28	85
"	"	November 4	95
"	"	" 11	101
"	"	" 18	133
"	"	" 25	153

—

United States Navy.—Dr. W. MAXWELL WOOD, who for the past two years, as chief of the Bureau of Medicine and Surgery, U.S.N., has conducted that office most acceptably, and with great ability, has been relieved on account of length of service, and been appointed Inspector of Fleets and Hospitals.

Dr. JONATHAN M. FOLTZ has been appointed chief of the Bureau of Medicine and Surgery, U.S.N.

The high character of this officer, and his well-known ability, afford sufficient guarantee that he will maintain the efficiency of the department, and uphold the rights of naval surgeons to a proper recognition of the valuable services which they are required to perform.

—

Medical Relief Committee of Chicago.—It appears that the medical profession of Chicago have been severe sufferers by the late conflagration in that city, many of them losing their entire libraries and surgical instruments. They have just claims upon their professional brethren for contributions for the repair of their losses, and we take pleasure in giving place to the following announcement:—

At a meeting of physicians held on the 17th October, of which Dr. N. S. Davis was made chairman, the announcement having been made that communications had been received from prominent physicians of other cities, to the effect that contributions, for the relief of the suffering members of the profession here, are now awaiting the order of responsible parties to receive and disburse them, the following gentlemen were appointed a permanent relief committee: Drs. N. S. Davis, DeLaskie Miller, Ernst Schmidt, T. D. Fitch, and Walter Hay; and the following resolutions were adopted:—

Resolved, That the committee just chosen is hereby authorized to receive all donations for the relief of the respectable physicians who are sufferers by the late fire, distribute the same at their discretion, and render a strict account, with vouchers, to any future meeting, which may be called by the chairman, to consider the same.

Resolved, That this meeting tender the cordial and heartfelt thanks of the profession of this city to their brethren in other and distant cities, for the prompt and liberal offers of assistance to the many among us who have lost, by the late terrible fire, not only their homes, clothes, books, and instruments, but their practice, and pledge a just use of whatever is given.

Contributions may be forwarded at once by express, or draft on New York, to Walter Hay, M.D., Secretary Medical Relief Committee, No. 384 Michigan Avenue.

Donations from publishing houses, instrument makers, and physicians, of books, instruments, or apparatus, will be gratefully received, as many of our professional brethren have saved only their lives.

—

Rush Medical College, Chicago.—The resident Alumni of Rush Medical College, at a meeting held at the house of E. Ingals, M.D., on October 17, 1871, appointed the following Executive Committee, to present an appeal to the Alumni and friends of the College, for aid to rebuild and refurnish the College Building, viz.: Drs. T. D. Fitch, Chairman; H. A. Johnson, V. L. Hurlbut, C. T. Parkes, Ben. C. Miller, and F. A

Emmons. This committee has issued the following appeal, which we take pleasure in laying before the medical profession, in the hope of aiding the laudable object in view:—

"This College is among the oldest institutions of learning in the Northwest, having been in operation since 1848, at which time the region now tributary to Chicago was but sparsely populated, and had little wealth. During this time it has supplied a pressing need of this new country. It has educated a large number of young men, who are scattered through our whole country, worthily filling places of great usefulness and responsibility; and for this both themselves and the public are indebted, in a great measure, to the school in which they received their instruction. A large proportion of its students have been possessed of little save youth, hope, intelligence, and determination. Many of these, having been generously aided by the College, have taken rank among the most substantial members of the profession. The Faculty at all times, since its organization, has been moved by an earnest desire to promote the best interests of the profession and the College. For this its members have laboured faithfully and earnestly; they have met the pecuniary burden of the school from its first foundation, and four years since they erected from their own resources, at an expense of $70,000, the most ample and best appointed college building on this continent, and filled it with every necessary appliance for successful teaching, and the influence and usefulness of the school have steadily increased from year to year. But in a day the college building, with all its contents, was swept away, along with a large part of the city, in which it stood a peer among many other noble institutions of learning. The pecuniary loss of the Faculty, in the destruction of the College, is light when weighed against others they have sustained. A number have lost everything, and all have suffered much. The college must be rebuilt. Its past history, its future promise for good, demand no less. Under the circumstances, it is unreasonable to expect the Faculty to do this unaided. The College is now in a condition to justify an appeal to its Alumni, and society, for some return for the favours has conferred upon both. There is, perhaps, no field of benevolence that offers a richer return than to provide adequate and easy opportunities for instruction those who desire to become learned in the best means for assuaging pain and healing the sick.

"All donations may be remitted Chas. T. Parkes, M.D., 462 Elston Av Chicago, who has been elected treasurer for the fund. They will be thankfully acknowledged, and devoted to the re building of the college."

The trustees of the College make the following offer, which, we regret to say we cannot commend as tending either to maintain the dignity or uphold the honour of the profession:—

"For every donation of five hundred dollars the trustees will establish a perpetual free scholarship, which shall bear the name of the donor, and which shall be conspicuously emblazoned on the wall of the lecture-room. A certificate of this scholarship, engrossed on parchment, will be issued to the donor; which certificate shall secure to the bearer free tuition and, when found qualified, free graduation. This certificate shall be perpetual in its operation; and thus the donor will have endowed for one student each year a Free Medical College."

—

Mr. Erichsen's Claim.—Some of our contemporaries have been led to reprint a curious statement that the United States is virtually the debtor to Mr. Erichsen, the distinguished London surgeon, for about £3000, the amount of profit that he would have derived from the sale of 5370 copies of his "Science and Art of Surgery," supposed to have been used by the medical staff of the army during the war, had our government purchased the English edition instead of the American reprint. A claim for this, it seems, was presented by Mr Erichsen, but not replied to.

It is true that after the war there was published an abstract of supplies issued by the Surgical Bureau, in which Mr Erichsen's book figures to the extent o

O copies; but a careless reading of this tement was calculated to lead to a very oneous inference, as it was made up m the aggregate of seven dépôts, which quently transferred stores from one to other. It made *no pretence of being pracally correct.* In the same table "Bumead on Venereal" was set down for 7317 pies, when only 578 copies were actually rchased by the government. Besides is, the records of all the systematic orks on surgery were kept together, and inted under the name of the book which ppened to come first on the list, and this anced to be Erichsen's; while there were the "supply table" a number of others, ch as Gross's, Druitt's, Smith's, and algaigne's, all of which were used; the ggregate of the whole being summed up nder the name of Erichsen.

Large as is the profit claimed by Mr. richsen, amounting in currency, at the ates of exchange current during the war, about $6 per copy, the government erhaps could afford to pay him for what t actually used, as the English edition f the book would have cost at that time ome $10 to $15 per copy to import, without duties; while the American edition, in he same style of binding, was supplied at bout $4 50.

We happen to know, further, that very American edition of Erichsen's Surery has been issued under an arrangement with the London publisher.

—

The Physician's Visiting List for 1872.—his work, which has now been before the rofession for twenty years, is so well nown, and its convenience appreciated, at it is only necessary to announce its ublication by Messrs. Lindsay & Blakisn.

FOREIGN INTELLIGENCE.

Chloral in Cholera.—During the epimic which has recently prevailed at iga, Dr. von REICHARD has had recourse chloral, administering it according to e following indications: "1. To reeve the cramps at the commencement. To assuage the præcordial suffering hich is so distressing during the latter tages. 3. To arrest vomiting. 4. To procure the sleep so urgently demanded by the patients. Not only were these indications fulfilled, but the success obtained from the medicine surpassed all expectation. In one case in which the ordinary treatment had been pursued, and the patient seemed as if he had only a few hours to live, a drachm of chloral was given him in four times the quantity of water, so that a strong sense of burning was felt while swallowing it. In two minutes sleep had commenced, and, troubled at first, it became calm and lasted three hours. Respiration became easier, the warmth and turgescence of the surface reappeared, the cholera *facies* disappeared, and the pulse diminished from 130 to 90. The vomiting and stools ceased, and, in fact, a true resurrection was effected, the patient rapidly recovering. M. Blumenthal, also of Riga, has employed it successfully in two bad cases, giving the chloral in doses of a drachm, which were repeated two or three times within the hour.—*Medical Times and Gazette*, Oct. 28, 1871, from *L'Union Méd.*, Oct. 17.

—

Chloral in Toothache.—Dr. DAVID PAGE states (*Brit. Med. Journ.*, Sept. 2, 1871) that he has been for some time in the habit of using *chloral hydrate*, not only as an internal sedative in cases of severe dental neuralgia and of caries where it was at the time inadvisable to permit extraction, but more frequently as a direct local application to the carious tooth. A few grains of the solid hydrate introduced into the cavity of the tooth upon the point of a quill, speedily dissolve there; and in the course of a few minutes, during which a not unpleasant warm sensation is experienced, the pain is either deadened, or more often effectually allayed. A second or third application may be resorted to if necessary. The hours of agony that various circumstances may otherwise entail, are in this way avoided; and in the last instance under my notice, a young lady in a delicate state of health, suffering intensely from a carious tooth, received immediate relief from this application.

—

Condurango.—We have received from Mr. DAVIDSON, the house-surgeon of the

Middlesex Hospital, a short paper on the treatment of cancer by the internal administration of the decoction of condurango. The results plainly show that condurango is as futile as any of the cancer cures which have preceded it. It was used in four cases—(1) in an ulcerated epithelioma of the roof of the mouth; (2) in primary cancer of the penis, and secondary injection of the lymphatic glands in both groins; (3) in an ulcerated epithelioma of the scrotum; (4) in an ulcerated scirrhus of the female breast. In all of these cases the condurango had positively *no effect* upon the progress of the disease.—*Lancet*, Oct. 28, 1871.

Mr. HULKE adds (*Med. Times and Gaz.*, Nov. 4, 1871), "as a reputed remedy for cancer, condurango is, in my opinion, perfectly inert and useless."

—

Strychnia in Albuminuria.—BRIGNOLI, in *Lo Sperimentale*, besides recommending nux vomica in various neuroses, gastralgia, dyspepsia, cardiac palpitations, periodic cough, etc., states that he has observed it to have a marked effect in retarding the progress of albuminuria, especially the scarlatinal form with anasarca. He cites twelve cases of complete recovery.—*British Med. Journ.*, Oct. 28, 1871.

—

Vomiting of Pregnancy.—Dr. HUBERT, in a memoir read before the Medical Society of Lyons (*Lyon Médical*, 15th Oct. 1871, p. 467), produces evidence to show that in some cases the symptom depends upon displacement and movements of the uterus, and that it may be arrested by the immobilization of the uterus by suitable bandages and the use of Hodge's or Zwanke's pessary.—*British Med. Journ.*, Oct. 28, 1871.

—

Extirpation of the Entire Parotid.—In the *Deutsche Klinik*, 1871, No. 37, is given a detailed translation from the *Sperimentale* of the total extirpation of the parotid, by Prof. MARCACCI, of Sienna, the divided carotid at its temporal end, and several other vessels, being tied during the operation. The ligature around the carotid only came away three months after the operation, but the wound had cicatrized, with the exception of the aperture for this, long before.—*Med. Times and Gaz.*, Nov. 11, 1871.

—

Pessary for Offensive Uterine Discharges.—We understand that Dr. JOHN DAY, of Geelong, has recently been using with great advantage a new kind of pessary as a means of removing the offensive odour given off in certain uterine diseases, as cancer, etc. These pessaries are made by gently melting cocoa butter, and then adding to it ozonic ether in the proportion of a drachm of the latter to an ounce of the former. The addition of about one-eighth part of white wax will give greater solidity to the mass, and in hot weather seems an improvement. Each pessary should weigh about a drachm and a half. The mass thus prepared retains its active agent, the peroxide of hydrogen, for a month or longer, as may be readily proved by scraping a few fine shavings from a pessary on a drop of blood or pus lying on a piece of white paper, then folding the paper, and holding it between the forefinger and thumb for a minute or two, so as to dissolve the cocoa butter, and lastly adding a drop of tincture of guaiacum (oxidized if pus is used), when a blue reaction will at once take place.—*Med. Times and Gaz.*, Nov. 4, 1871.

—

Connection of Various Diseases—Variola.—The Vienna correspondent of the *Lancet* states that Prof. HEBRA recently made two most interesting and practical remarks on the connection of various diseases. Firstly, he stated that about 90 per cent. of the parents of pruriginous children die of phthisis; and, secondly, that it is very common for women who have long suffered from eczema of the head to become the subjects of cancer later in life.

A considerable number of cases of smallpox are now under treatment, two of which seem likely to end fatally. The Professor believes in no treatment beyond good food and air, and considers medicine even injurious, as irritating the pustules developed on the mucous membrane of the mouth. This is in marked contrast to the views of Dr. Monti, of the Chil-

n's Hospital, who has recently been ıting very successfully all his smallpox es with small internal doses of carbolic i.

may add that Professor Hebra stoutly ıies any essential difference between the ıtagion of variola and varicella, having :n formidable outbreaks of the graver ıady produced by the introduction of ıolitary example of the lighter and so- led distinct disease.—*Lancet*, Nov. 4, 71.

—

Preservation of Vaccine Lymph.—We ıuld call especial attention to the re- arkable success which has attended üller's employment of glycerine for the olonged preservation of vaccine lymph. uring an epidemic visitation of variola, uch of the inconvenience arising from ıe short supply of reliable lymph might e obviated by the adoption of Müller's lan.

In a recent communication upon the ubject (*Berlin K. Woch.*, September 25),)r. Müller points out that the purity of he glycerine employed is of great im- ortance; and that those practitioners ho have complained that the preservative ower is only of short duration, have pro- ably employed an impure article. In is hands, lymph, after being kept two ears, has produced normal pocks; and n this way he has been able to store up, n the Berlin Vaccine Establishment, of hich he is director, supplies of reliable mph sufficient for vaccinating thousands subjects. The demand made for the erman soldiers and the French prisoners ring the late war could never have been pplied by the means ordinarily in use. sides this valuable preservative power, Müller considers that glycerine facili- es the operation of vaccination, dilu- n of the lymph by its aid producing a more efficacious, and much more inti- ate and easily employed, mixture than en water is employed for this purpose. y, according to his own experience and at of many official vaccinators, glycerine mph acts more certainly and more com- letely than when unmixed fresh lymph s employed. This, he supposes, may rise from the coagulability of the blood being diminished by contact with the glycerine, and the lymph thus rendered more easily absorbable.

In mixing glycerine with lymph, an equal portion of distilled water has to be added; but when the lymph has to be preserved for a long period, it may be mixed with the undiluted glycerine, as this will probably preserve it still longer from decomposition, and the water may be then added when the lymph is employed. Dr. Müller, however, in his trials, has not perceived any difference in the lymph treated in these two different ways.—*Medical Times and Gazette*, Oct. 21, 1871.

—

Eucalyptus Globulus.—This tree is being largely cultivated in the south of France, Spain, Algiers, and Corsica. It is a native of Tasmania, where it was of old known to the natives and settlers as a remedy for fever. It prefers a marshy soil, in which it grows to a gigantic height with great rapidity. It dries the soil by the evaporation from its leaves, and shelters it from the sun, thus preventing the generation of marsh miasm. Its wood is as hard as teak. Every part of it is impregnated with a balsamic, oil-of-camphor-like odor; and besides a notable quantity of astringent matter, it contains a peculiar extractive, which is supposed to contain an alkaloid allied to quinia. At any rate, its efficacy in intermittent and marsh fevers has gained for it in Spain the name of the "fever tree." It is a powerful tonic and diffusible stimulant, does wonders in chronic catarrh and dyspepsia, is an excellent antiseptic application to wounds, and tans the skins of dead animals, giving the fragrance of Russia leather. We can vouch from personal observation for the flourishing condition of the plantations at Hyères and Nice, where trees from seeds sown in 1859 are said to be now sixty metres high.—*Med. Times and Gaz.* Nov. 11, 1871.

—

English Medical Students.—It is stated (*Med. Times and Gaz.*, Nov. 4, 1871) that the total number of registered students now pursuing their professional studies in London is 1491, in the provincial schools 868, making a grand total of 1859.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Hyperæsthesia. By C. HANDFIELD JONES, M.B. Cantab., F.R.S., Physician to St. Mary's Hospital.

Besides the classical disorders of the nervous system, which well-instructed students like you are supposed to know all about—such maladies, for instance, as epilepsy and tetanus—there are a great many forms and varieties of morbid action which are less recognized and described, and scarcely find a place in a regular nomenclature, with which yet it is very desirable for you to be acquainted. Many of these belong to that debatable ground where it is difficult to decide whether we have to do with diseases or with symptoms. I shall now proceed to notice sundry instances of one very common kind of morbid action, as it manifests itself in different localities; and conclude with some remarks on its nature, relations, and treatment.

1. In the *cutaneous surface* we very often meet with a condition which betrays itself by no objective change yet discovered, but solely by an abnormal sensitiveness. The tactile faculty of the skin is not really increased; it is not a more efficient organ of touch than it was before, but quite the reverse, as its nerves are incapable of tolerating the necessary contact with bodies presented to them. Such a condition is conveniently termed hyperæsthesia; and this name I shall continue to use in what I have further to say about it. This state of hyperæsthesia is met with very frequently in sufferers of the quasi-hysterical class, both male and female. One poor fellow assured me that his skin had been so sensitive that he could not bear the least touch anywhere; the pressure of a stethoscope in auscultation was intolerable; and the touch of a crinoline-hoop against his leg in a railway carriage caused him terrible pain. These complaints were made quite gravely; and though we can hardly avoid smiling at

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them, yet we must admit that to the sufferer himself such a state of things was no joke. Think what you would endure yourselves, if all ordinary contact were a cause of continual pain. The reality of such suffering is materially confirmed by the fact that, in some cases of structural disease of the cord, certain parts of the cutaneous surface manifest intense reflex excitability, though ordinary sensibility is much impaired. In a most workmanlike report in the *Transactions of the Clinical Society*, vol. i. p. 102, on a case of locomotor ataxy, it is mentioned that an area of skin on the outer side of the right leg, about two inches and a half square, was, and had been for about two years, in a condition of extreme sensitivity to impressions capable of exciting reflex movements—such that the patient had frequently been thrown into convulsions, and had dropped down in the street, from the mere brushing of a woman's dress against this part. Even when he touched this spot himself, either with his hand or his trousers, whilst dressing, slighter convulsive movements often took place. At these times he felt an odd kind of sensation in the part, which then diffused itself rapidly throughout the body. In such hyperæsthesia as this the sensorium is but little concerned; but there is evidently no improbability that the cerebrum might be the seat of such disorder, as well as the cord. In fact, this is actually the case in many instances of arachnitis. If you object, that I am now speaking of coarse structural lesions, this will not apply to the case of rickets, where the nervous centres are often exempt from evident lesion, and yet the general tenderness is such that the child cries if he be but touched.

The hyperæsthesia which affects the region of the spine, or, more exactly, the line of the spinous processes, needs to be somewhat specially noticed, because it has been much dwelt on, and is often accepted as a sign (with others) of meningitis or myelitis. Brown-Séquard speaks decidedly on this point; he says that "it is almost always found that pressure upon the spinous process of the vertebræ (sometimes even a slight one), when made at the upper limit of the inflamm tion, causes an acute pain." (*Lancet*, J 14th, 1860.) Dr. Radcliffe, on the ot hand, is inclined to the view that t pain is mostly absent, at any rate, in m complicated myelitis. My own expe ence leads me to look for it as a nea constant symptom, but not in that deg of acuteness which characterizes the ne rotic disorder. This, at any rate, certain: that pain in the back *per se* is evidence whatever of inflammation bei present in any of the component str tures, any more than headache is of t cranium and its contents being so affecte and, indeed, the two dysæsthesiæ are many respect homologous. Spinal hyp æsthesia extends sometimes over the sl on one side, and not at all on the oth sometimes light pressure is painful, s firm relieves; sometimes the latter is worse. In some cases, I believe, bones are involved in the neuralgia, w out being at all inflamed.

2. The *lingual and buccal mucous m branes* are sometimes the seat of extr and most distressing hyperæsthesia. affected parts may appear quite natu or at most there may be undue red and insufficient development of epitheli giving a "beefsteak" appearance, but at all more than I have often seen patients who were quite free from s hyperæsthesia. The following case i good example of this happily unfrequ disorder. Mrs. C., aged 73, was s August 28th, 1866. She had been suff ing the last five weeks with her mou which was so tender that she could be nothing in the way of food but lukewa milk and sopped bread. Cold things g her pain as well as hot. The buccal mem brane was very red, especially that of t lower lip. The whole surface, includi that of the tongue, was extremely tende but I saw nowhere any breach of surfac nor anything resembling an ulcer. The were certainly some superficial fissures o the dorsum, but they were no more th often exist without causing any sufferin and they did not appear to involve th corium. The tongue was perfectly cle and moist. Pressure on the mucous mem brane did not render a spot pale even f

nt after its removal. The bowels
gular; pulse 84, of good force.
petite was very good, but she felt
hausted from being unable to take
She got very little sleep, from the
caused by her mouth. She had
much from rheumatism, and felt
nges of the weather very much.
es extend over more than four
and show scarce any change to
curred during the whole of that
nd I am tolerably certain that she
d to suffer in the same way,
less severely, to the close of her
till about April, 1869. She con-
kept a piece of soft rag in her
which afforded her some solace.
occasion I took the temperature
mouth, and found it as high as
leg. F. The membrane of the
avity always presented the same
nce of considerable hyperæmia.
time a little eczematoid eruption
d at the margin of the lips, but it
xtended internally. The suffering
ured must have been terrible; she
d it as that caused by a burning
d declared she was enduring a
eath. Her temperament was by
ns excitable, and I do not think
ggerated her griefs in the least.
emedies were used; but none
material efficacy, except a nightly
o procure sleep. The pathological
n was, I believe, one of neuralgia
eræsthesia, blended, as sometimes
, with vaso-motor paralysis, which
roduced the hyperæmia. The
may have been of gouty origin.
e *throat* is liable to suffer with
isorder as we are considering,
is important not to confound with
inflammatory, as the treatment
is materially different. The fol-
case is an illustration. Mrs. N.,
-looking, recently married woman,
n by me on September 8th. She
n suffering four days with swelling
ralgia of the right side of the
Her throat had become sore, so
e had much difficulty in swallow-
n the previous day she could not
n a piece of sopped bread. There
me nausea and vomiting. The
throat appeared normal, but with the laryngoscope I could see that the laryngeal membrane was much congested. Her voice, however, was not altered. She had soreness and tenderness at the sides of the neck, lower down on each side than the tonsils. She expectorated a little reddish mucus. She had some difficulty in getting her breath. Her sleep was disturbed; she woke up restless and feverish. She felt very weak. The urine appeared normal. I advised diligent steaming of the throat, sinapisms to the sides of the neck, fifteen grains of chloral at bedtime, and two grains of iodide of potassium and an ounce of effervescing mixture of citrate of potash three times a day. On the 9th she slept two hours with the chloral, then woke in great uneasiness, and only dozed the rest of the night. At noon I found her suffering much. The throat was very sore. She had not been relieved at all by the steaming; swallowing was very painful. She had much pain and tenderness in her neck; more, however, at the sides of the muscular part than in the larynx, which I could handle and move pretty freely. Her throat felt dry. Tongue coated; pulse 93. I ordered twenty grains of muriate of ammonia with ten minims of tincture of belladonna in water every four hours, hot fomentations to the neck, and aconite liniment. She also had immediately fifteen minims of chlorodyne, which gave her two hours' sleep; and at 9 P.M. I found her decidedly better, though she had a good deal of strange pain, hardly describable, on both sides of her head. The dose of chlorodyne was repeated at 10 P.M., and in the course of the night she had fifteen grains of chloral; but she was in high fever and delirium all night long. The room seemed whirling round; she felt as if she must get up and go out —as if she should fly. She saw numbers of persons in the room, with great heads and little bodies, &c. At 9.30 A.M. on the 10th, when I saw her, her throat was much better; she took some toast. The catamenia had reappeared, which had stopped, after a day of normal continuance, on September 3d. I ordered a drachm of tincture of cinchona flava four

times a day. On the 11th the throat was much better; she had still dysæsthesiæ about the head, and a large patch of urticarious erythema had appeared about each elbow. On the 12th she was so well as to call on me and take her leave before setting out for the North. She had sweated copiously the preceding night, had a good deal of eruption on the legs and thighs, but made no complaint of her throat. The attendant neuralgia, the peculiar distress, the nocturnal delirium, the urticaria, and the "juvantia," all go to prove the neurotic character of the disorder, and that it was no common sore-throat, but one where the hyperæsthetic greatly predominated over the inflammatory element. The abrupt cessation of the catamenial flow may have had to do with the supervention of the disorder; but I think the most essential factor was influenza.

4. From the throat we descend to the *stomach;* and among the woes of this much-enduring organ we may well expect to find hyperæsthesia. In fact, this condition, in a greater or less degree, is of very frequent occurrence, and constitutes the chief disorder in those cases to which the term "irritative dyspepsia" is appropriate. In many of these, hyperæmia and catarrh exist also, but as secondary complications rather than as primary maladies. The hyperæsthesia, I believe, as a paralytic neurosis, is prone to implicate the vaso-motor nerves, and impair the tone of arteries and the retentive power of capillaries. Such disorder may be simple—*i. e.*, dependent on the state of the general nervous system; or it may depend on reflex irritation, as in pregnancy. In some of these states pain is the more predominant symptom; in others, vomiting; in others, both are present in a marked degree. Andral relates a case where the tongue was natural, and the patient distressed by a very acute hunger; but the lightest food given to her was thrown up by vomiting, or, if it was retained, caused indescribable suffering. The hyperæsthesia was overcome by cold affusion and persevering administration of food. Here the disorder was simple; and such seems to be generally the case, though, in some instances, as in the hyperæsthesia of pregnancy, the influence of reflex irritation is evident. Nitrate of silver is a really valuable remedy in cases where pain is distressing; and, as it need only be given for a short time, you run no risk of spoiling your patient's complexion. It may be seconded, however, or replaced, very frequently, by subcutaneous opiates. I have employed them myself with the best effects. Dr. Clifford Allbutt writes strongly in their praise. One of his cases was that of a merchant who regarded himself as a hopeless dyspeptic, dreaded his meals, and especially his nights. He was cured (at least for the time) by one fifth of a grain of morphia subcutaneously at 3 P.M. and 10½ P.M., followed by rest during ten days, with one-fourth of a grain at night only for ten days more. I prefer myself to make these injections in the epigastrium, but this is not necessary. When the hyperæsthesia expresses itself in immediate vomiting without severe pain, I have great faith in strychnia, administered in doses of one-twentieth of a grain in not more than half an ounce of water. Let me cite the following instance. A slight-made female, aged 22, married four months, subject to indigestion, and weakened by a miscarriage, was brought to me with severe sickness of ten days' duration, no food having been retained the last three. I gave her, in my room, one-twentieth of a grain of strychnia, and made her lie down. After she had retched a few times ineffectually, she became much better, "did not feel at all sick," and took successively four teaspoonfuls of milk before she left. I saw her again in ten days, when she was greatly better, had only been sick once, and was able to take chicken.

5. That the *tracheal* and *bronchial* mucous surface is liable to hyperæsthesia, cannot be doubted. There are coughs of the most vexatious and obstinate character, which are either unattended with *râles* or expectoration, or where these are out of all proportion insignificant to the severity of the cough. Some of these are of reflex origin, as in Graves's case, where the expulsion of a tænia put an end to a most violent cough, that went

night and day, and resisted all remedies. Some are due to toxic matters in the blood, as is probably the case in pertussis, and in some cases of gout, where, as Graves says, the cough is dry, annoying, and often very obstinate. Some, again, are simple neuroses, as in the case related by Trousseau, of a young lady who was of an hysterical constitution, but was exempt from catamenial irregularity, and from the nerve disorders, except a continual cough, which proved refractory to all remedies, but yielded immediately to change of air. The treatment which appears to me most rational and satisfactory in pertussis is that recommended by Dr. E. Smith, of producing and maintaining moderate narcosis by means of small doses of morphia; and this is quite accordant with the view that the paroxysms depend upon a specific toxic hyperæsthesia. There is another form of bronchial hyperæsthesia with which it is very important for you to be acquainted—viz., that which occurs in certain instances of pneumonia, where after a time the respiration becomes inordinately frequent, perhaps 80 in the minute, without any corresponding increase in the pulmonary lesions or lividity of face. In these cases the hurry of respiration is a mere neurosis, and yields to opium and a due amount of support.

6. The *heart* enjoys no exemption from hyperæsthesia. Cases are not at all rare where there is more or less præcordial uneasiness or pain, with rapid, vivid action of the heart, unduly forcible impulse against the chest-wall, and loud, sharp sounds. The radial pulse may be small and weak, contrasting strongly with the apparently forcible efforts of the heart. Such diseases are often seen in young persons, and are sometimes mistaken for instances of cardiac hypertrophy; from which, however, you may easily distinguish them by observing that the dulness-area is not increased, and the apex-beat not lowered nor displaced to the left. Toxic agents, such as tea and tobacco, reflex irritations, as of the gastric mucous surface, and primary failure or disorder of nerve-force, may all be incriminated in different instances as efficient causes. In the latter group, it seems most probable that the nervous filaments distributed to the endocardium are unduly impressible, and, being thus over-stimulated by the moving blood, keep the muscular fibres in a state of rapid action. Anæmia, though a very common cause, is by no means necessarily present. In Da Costa's account of the curious cardiac malady frequent among American soldiers in the late war, he mentions, as symptoms, constantly recurring attacks of palpitation and pain, whose chief seat is near the apex of the heart, and combined very commonly with excessive cutaneous sensibility. In some of his cases the disorder supervened on fatiguing marches; in others it occurred after fevers or diarrhœa. He tells us in his recent paper (*American Journal of the Medical Sciences*, January 1871) that digitalis or digitaline had more influence on the cardiac disorder than any other drug resorted to. Belladonna internally he also found a most efficient agent, particularly valuable in instances of irregular action. Aconite reduced the force of the heart, and lessened the tension of the pulse; it was most suited to cases of commencing hypertrophy. No special commendation is bestowed on other sedatives; and gelsemin, which is reputed to be a cardiac sedative, disappointed him much; for the most part, it had no effect at all. Morphia hypodermically relieved the cardiac pain almost invariably, and so did atropia; but the effect was only temporary. Tonics were often most excellent adjuncts to treatment, but availed little by themselves. Zinc and iron accomplished most. Da Costa's experience has convinced him that there is a real connection between the functional disorder, cardiac irritability, and the organic one, cardiac hypertrophy; that, in fact, "the one grew out of the other." Dr. Walshe admitted the same connection several years ago. I cannot refuse to admit the doctrine held by these high authorities; but my own experience would not lead me to rate this cause of hypertrophy highly. I am sure that a weak and irritable heart may simulate very much a condition of hypertrophy, and yet, under suitable treatment, subside into a condition apparently healthy.

A belladonna plaster is a remedy that generally does good service, and is to be preferred, I think, in most cases, to the subcutaneous opiate, which, in two cases where I tried it, produced more syncope than was at all agreeable to witness. Dr. Clifford Allbutt, however, assures us that subcutaneous injection of morphia in small doses is very valuable in so-called irritable heart, whether this be due to weakness of the organ or instability of its nerves. The first dose administered in this way should not exceed one-tenth of a grain.

7. A sort of diarrhœa which I have occasionally met with in elderly persons, seems to me attributable with much probability to hyperæsthesia of the *mucous lining of the rectum*. The feces appear natural enough in all respects; but the lower bowel is intolerant of their presence, and, in a fidgety, petulant manner, insists on expelling them much more frequently than is at all convenient. Belladonna has appeared to me of some service in this condition of things, and still more, perhaps, cold sponging of the anus directly after defecation.

8. Nocturnal incontinence of urine is an instance of hyperæsthesia affecting the *bladder*, to which it may be sufficient to allude. Let me, however, add that recently Dr. Barclay has praised syrup of iodide of iron as unfailing in this disorder. Belladonna in gradually increasing doses, you know, is the most approved remedy; but there is no reason why both should not be employed. A tonic will sometimes quell hyperæsthesia better than a sedative. Hyperæsthesia of the *urethral lining* is a marked feature in many cases of spermatorrhœa, and its removal by means of repeated catheterization is reputed beneficial.

9. Hyperæsthesia of the *testis* is a very distressing neurosis; it reacts very injuriously upon the mind, and has in several instances induced sufferers to insist on the removal of the affected organ, which in three cases was found healthy by Sir A. Cooper. He considers it of centric origin; but it may be of reflex peripheral origin, as in the following case. A. C., aged 23, was admitted Nov. 13th, 1870. He was in good heal
days previously, when he wa
taken with pain in the left te
severe, and the testes began to
a day or two the right beca
also. These symptoms were
by pain in the loins and head.
now affected him only when h
or when the testes were press
was very little swelling of ei
He had some tenderness of the
region, and a good deal of
stool. He had no sleep at ni
perature 103.5 deg.; pulse 8
thirst and anorexia. On the
perienced a kind of tearing
both external abdominal ri
down into the testes. On th
temperature was 97.2 deg.;
weak. The bowels had not
since admission. His extremi
very cold the previous nigh
then became very hot and b
afterwards perspired profusely
not stand without support; th
everything appeared to turn
him. His testes were small,
tender when touched, and th
up along the cords. The bowe
well opened by castor oil, and
an opium suppository of one
introduced. The testes ceased
ful about four hours after
acted, before he had the supp
the 17th they bore handlin
was also less giddy, could wa
very steadily. He had no pai
He was now taking tincture
and carbonate of iron, and
was getting quite well. Th
thesia and pain of the testes
stance were mainly depende
irritation caused by feces in
bowel; but the action of thi
probably much promoted by
ence of influenza enfeebling
system.

10. We should be disposed,
expect that an organ with suc
and powerful sympathies as
would be prone to suffer from
order, and such appears to
The affection originally terme
uterus" by Dr. Gooch is regar

Churchill, Mackenzie, Tilt, and Ferguson as essentially a neurosis. The latter expressly says "the local changes have been the fluctuating, the nervous affection the constant, element." The tenderness is so great and constant that great suffering is experienced if the patient incautiously sit down upon a hard seat, or if coition be attempted. One of the seats of this neuralgic malady is the vagina itself, which is so exquisitely tender as to render intercourse intolerable. Here I think we cannot fail to recognize hyperæsthesia as the essential morbid element—at least if we accept the *dictum* of Dr. Ferguson above cited, confirmed as it is by Churchill's authority, to the effect that in the cases seen by him there was no ground whatever for the supposition of inflammatory action. Associated with hyperæsthesia, there may be, as we have before seen, more or less of hyperæmia, and inflammatory congestion; but this is not in any degree the cause of the sensitiveness. Dr. Mackenzie's statement is of practical importance, that this neurosis may be of reflex origin, and dependent on gastro-intestinal irritation. In most cases, however, it seems to be primary, and to result from some cause of nerve-exhaustion, as great fatigue, acting, no doubt, on a weakly organized nervous system. The *retentissement* of this neurosis on the higher centres seems to be very pernicious; the natural emotions and faculties become miserably perverted, and all nobility of character is lost in absorbing selfishness. Sedatives, locally applied by pessary or enema, subcutaneous injections, and tonics, are our best pharmaceutical remedies; but change of scene and place, and a suitable climate, may be still more important.

11. Hyperæsthesia of the *female breast*, attended with more enlargement, is a well-known phenomenon. It may suffice for me to have named it, and to cite Mr. Erichsen's authority for its not being unfrequently dependent on uterine irritation.

12. Hyperæsthesia *of the joints* is well known to surgeons since the publication of Sir B. Brodie's work on local hysterical affections, which I advise you all to read. The most constant symptom is morbid sensibility of the joints and adjacent parts, which is associated sometimes with more or less general tumefaction, apparently from a turgid state of the small vessels. I have known a condition of this kind, attended with sanguineous vomiting, yield to carbonate of iron, after an offer of amputation had been (fortunately) declined. I hope none of you will ever make such a *faux pas*.

13. As regards the nerves of special sense, I cannot doubt—taking first the *optic*—that even putting aside the case of strumous ophthalmia, where it might be contended that the photophobia was dependent on irritation of the filaments of the fifth nerve distributed to the cornea, there is really such a disorder as retinal hyperæsthesia. Mr. Soelberg Wells states that in this affection there is intense photophobia, though the eye is quite normal. There is often great ciliary neuralgia, the pain extending to the face and corresponding side of the head. One point which he mentions appears to me of especial interest—viz, that the peripheral portion of the retina is anæsthetic, while in the central vision is perfect and hypersensitive. This is very indicative of the true character of the disorder, of its affinity to paralysis. The causes are such as impair the general health or strain the retina; and the correct treatment is to rest and soothe and recreate nerve-power.

The *auditory nerve* also is liable to hyperæsthesia. Sir T. Watson mentions having observed this in a man moribund from cholera. Dr. Russell Reynolds affirms that hysteric girls do sometimes seem to hear through stone-walls. Intolerance of sound is an occasional symptom in the early period of meningitis, and is not unfrequent in nervous headache, and in azoturic sufferers. The only thing common to these various conditions is a lower degree of vital power.

14. That the *cerebrum*—the great centre where impressions are consummated into perception—is liable to pass into a state closely analogous to that of a tertiary centre and sensory nerve when these are

hyperæsthetic, seems to me not doubtful. Gooch mentions the case of a deranged lady, whose prominent belief was that her husband was unfaithful to her. The notion, so far from being unreasonable, was, he believes, true, and she had known it for many years without any unnatural disquietude, but now it engrossed all her thoughts. She neglected her ordinary pursuits, took a dislike to her friends, felt no interest about her children, and sat silent and motionless from morning to night. After continuing deranged several months she recovered, although she retained the same opinion. Gooch justly says her insanity consisted not in her ruling idea, but in its overwhelming influence over her feelings and conduct. A modern pathologist would probably express this by saying that her brain had become enfeebled and hyperæsthetic, and was, therefore, intolerant of the idea it had previously endured. The following occurrence is similar. A religious student, who was much harassed by petty scruples and fancies, and well aware of their pernicious effect, observed after a time that he was always more plagued by them while preparing for an examination; *i. e.*, when his cerebral power was most exhausted. The essence of hypochondriasis seems to be a special hyperæsthesia to corporeal impressions emanating *ab interno*. How much the tyranny of these may depend on enfeeblement of the great centres, is shown by P. Frank's account of his own sufferings from the dread of aneurism, induced by mental exertion, and removed by recreation. This is much too large a subject for me to attempt to handle now: all I can do is to commend to your attention the notion of cerebral hyperæsthesia as essential to the due comprehension of many common phenomena.

How far the *seat* of the action giving rise to hyperæsthesia may be purely peripheral, is difficult to say. In the great majority of instances some nervous centre is probably engaged; but some facts—such as the removal of severe neuralgia for some months after section of the nerve, and the cessation of suffering after amputation of the testis—incline me to believe that the morbid action may have its chief *locus* at the periphery, and that without any apparent structural change in the affected part.

Pathological Change in Hyperæsthesia.—You may be disposed to ask me what this is. I wish I could tell you; but our knowledge of this matter is very scanty. All that we can say is, that it is undoubtedly a condition of imperfect nutrition, inasmuch as it may be generated by deprivation of blood, by injuries to nerves, by miasms in the blood, by remote irritation—in short, by all sorts of things that are injurious. Some particulars under these heads deserve to be mentioned. Hyperæsthesia of the most intense kind is produced sometimes by obstruction of the arteries with fibrinous deposit. Dr. Fuller describes a case where the first symptom was acute pain, associated with such exquisite tenderness of the whole limb that the slightest touch caused intolerable suffering. The hyperæsthesia continued until mortification set in. At the necropsy, all the larger arterial trunks, from the iliacs downwards, were found blocked up by firm, light-coloured coagula of long standing. No other cause existed for the hyperæsthesia in this case, except the deprivation of blood. In Dr. Waller's experiments on refrigeration of the ulnar nerve, the ultimate effect produced was anæsthesia in the course of the nerve; but this was preceded by hyperæsthesia. It can scarcely be thought that the latter was, under the circumstances, anything but the first stage of the former; and, therefore, the conclusion seems necessary that it implies not an exaltation, but a deterioration of vital power. Again, there is a case on record where, during the gradual recovery of the brachial plexus from an injury, the skin of the upper part of the arm possessed natural sensibility, another (probably the mid-part) was morbidly sensible, while that immediately beyond was quite insensible. Here, again, the conclusion seems inevitable that hyperæsthesia implies a damaged state of nerve-tissue, though not so severe as that which exists in anæsthesia. Much other clinical observation is to the same effect; the

morbid alteration of sensibility (cu-
us) is met with in typhus and ty-
fever, in influenza, in rickets, and
idemic cerebro-spinal meningitis.
e other hand, there is not the least
that real increase of functional
y renders an organ less tolerant of
tural stimuli: in fact, the evidence
quite the other way. A vulture's
hich can discern a carcass at an ex-
inary distance, can easily endure
ll blaze of tropical daylight, and is
tly altogether in a different con-
from the eye of a photophobic in-

Several similar instances might
ed; and, on the whole, the general
of the view here taken seems to me
ished. In a recent lecture on Ex-
ental Physiology, in the *Lancet*,
ary 11th, 1871, Dr. Rutherford has
d this point without explaining it.
ys, "the curious point is, that a
whose nutrition is to some extent
ive should discharge its energy
readily than one whose nutrition is
t." In what respect defective nu-
changes the nerve-tissue, I have
e cannot tell; but we may, I think,
e œdema; for Buhl affirms as the
of his observations of continued
that the presence of much fluid in
barachnoid and ventricular spaces
ponds with stupor or unconscious-

Patients dying of delirium tremens
ommonly wet brains, and they die
: most part in stupor. However, if
opt, as I am much inclined to do,
:Donnell's theory of nervous action,
:tection of some material change
ot perhaps be the most important
'. He assumes that the various
isions are propagated by undula-
the wave-length of which varies,
t the same conductor may be able
ismit several impressions. Now,
i view, it might be that undulations
rtain length and rapidity produced
l sensation, those of a less extent
ise to hyperæsthesia, while a still
r reduction of the undulations
pain, and their total arrest, anæs-

This may seem the more pro-
as there is undoubtedly a close
tion between the three just men-
tioned morbid states. They often occur together, acknowledge the same causes, and are removed by the same remedies. Another connection of hyperæsthesia is less frequent, but is extremely well marked in rickets, viz., that with vaso-motor paralysis. I use the latter term hypothetically, for the phenomena actually observed are hyperæsthesia of the cutaneous surface and profuse sweating. The latter, however, as I have argued elsewhere, seems to be distinctly traceable to defective contraction of vessels from a paretic state of their nerves; and if this be so, then the connection is as I have stated. Admitting this, it is difficult to see in the hyperæsthesia anything else than a species of paralysis very similar to that which affects the vaso-motor nerves, and which may itself depend on defective molecular movement.

Allied, however, as these morbid states are, there are differences between them, which are important as regards treatment; thus anæsthesia is more connected with prostration, and is more benefited by stimulants, than hyperæsthesia is. The latter is sometimes intolerant of these, and yields better to remedies of the sedative class. Thus in a state of pain with anæsthesia, bark, ammonia, and wine suggest themselves; whereas if hyperæsthesia be in the ascendant, bromide of potassium or chloral, or subcutaneous opiates seem more hopeful remedies. Yet we must not strain this rule, for it admits of numerous exceptions. Neither must we ever omit a careful inquiry into the cause of the hyperæsthesia, for the knowledge of this may be all-important. It is idle to go on administering tonics or sedatives if a focus of irritation need to be removed, or if the disorder be dependent upon poisoned blood. Here is much room for the exercise of *real* diagnostic skill, not that which contents itself with affixing a name to a given case of disease.—*Brit. Med. Journ.*, Sept. 30, 1871.

HOSPITAL NOTES AND GLEANINGS.

Operations performed under the Influence of Ether at St. George's Hospital.—The numerous fatal cases following the admin-

istration of chloroform which have been recorded seem to have induced some of the London surgeons to try again *ether* as an anæsthetic agent. In the *Lancet* for Dec. 2, 1871, are recorded some cases of this kind, and it remarked: "Excepting that for harelip, all these operations were performed during anæsthesia produced by ether apparently with as much ease and rapidity as is usual with chloroform. In two cases, those of adults, in which the time was noted, insensibility was produced in five and four minutes and a half respectively. The inhaler employed by Mr. Haward consisted of a cone of felt, into which a small sponge was introduced, and which was so constructed that the ether could not drain down on to the patient's face. One child vomited some undigested food, but sickness did not occur in any of the other cases.

"The only outward difference between the administration of ether and that of chloroform appeared to be the more frequent replenishment of the inhaler, and the very appreciable extent to which the theatre became pervaded with the vapour of the anæsthetic."

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Erysipelas of the Head and Neck, with Violent Delirium, treated with Chloral.—J. M., aged 30, was admitted, Oct. 28, 1870, into St. Bartholomew's Hospital, Rochester, under the care of Mr. A. W. NANKIVELL, suffering from erysipelas of the head and face, resulting from a wound. The right side of his head and neck was much swollen, and his right eye entirely closed. He was at this time perfectly rational. Next day the erysipelas had extended all over the head, and down the chest as far as the mammary region. He had a quiet night. In the afternoon he became delirious, and had 30 grains of chloral at 5.35 P.M.; 40 grains at 6.10 P.M.; 20 grains at 7 P.M.; 30 grains at 7.40; 20 grains at 8.15; 20 grains at 8 30 (he spat it nearly all out, swallowing about 5 grains); 20 grains at 8.45 (of which he only swallowed about 5 grains); 20 grains at 9 P.M. (of which he swallowed about 10 grains). At 9.45 P.M. he was quieter; 30 grains of chloral were put into his mouth, and he swallowed about 15 grains. At 10.45 P.M. he refused all medicine, and 40 grains of chloral mixed with milk were injected into the rectum. At 11.40 P.M., after much persuasion, the patient was induced to take some beef-tea containing 40 grains of chloral. A few minutes after taking the last dose, the man fell asleep till 2 A.M. When seen next morning, he was found to be rather noisy, but quite ready to take food. He was given 30 grains of chloral in the course of the day, after which he slept for three hours. After this date, the man progressed favourably, with the exception that a large part of the skin of the right side of the neck sloughed, and, in consequence, the resulting ulcer took a long time to heal. We, however, managed to accelerate the healing materially by skin-grafting.

My object in bringing this case before you is to show the large amount of chloral that was taken in a short time without any bad results. The chloral was first administered on October 29th, at 5.35 P.M. The last dose before sleep was induced at 11.40 P.M. During the interval of six hours and five minutes, the patient took as much as 255 grains. As far as I have been able to discover, this is the largest amount of chloral given in so short a time.—*Brit. Med. Journal*, Oct. 14, 1871.

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Injury to Cervical Vertebræ; Anchylosis of the Atlas to the Occipital Bone; Dislocation of the Axis; Death.—A labourer, æt. 37, in a row, Dec. 24 1870, fell headlong down a flight of stairs. He went to his lodgings, and complained of a stiffness of the neck. He resumed his work in the course of a few days, and continued it till February 23, 1871. During this time, his fellow-labourers noticed that he was scarcely able to rotate his head. On February 24 he stated that he did not feel quite well, and would take a few days' rest. This he did. February 26 he was found by his fellow-labourers to be much worse, being quite unable to walk. He was admitted on that day into St. Bartholomew's Hospital, Rochester, when his arms and legs were found to be completely paralyzed. The muscles did not

respond to galvanism. He could swallow with difficulty, and could not speak above a whisper. He died in three-quarters of an hour.

A post-mortem examination was made twenty-four hours after death. Rigor mortis was well marked. The patient was a well-nourished, strong, healthy working-man. The pleura, lungs, pericardium, heart, liver, and spleen were slightly congested. The left kidney contained numerous cysts, communicating freely with each other, the gland being atrophied. The right kidney was hypertrophied. The brain was healthy. On dividing the medulla oblongata, a bony prominence was felt, particularly filling up the foramen magnum. The medulla was slightly softened at the seat of pressure. On removing the portion of skull and part of the cervical vertebræ (which I have here before me), we found that the projection was the odontoid process of the axis. The atlas was partially luxated from the occipital condyles, and rotated about twelve degrees, the left articular process of the atlas being thrown forward and crushed against the skull, yet without fracture. The right upper articulating process of the axis was covered with cartilage, and healthy; the left was bare of cartilage, and the corresponding surfaces of the atlas were in the same state. The ligaments were unfortunately destroyed in removing the specimen.

The interest of this case is due to the length of time that elapsed from the receipt of the injury to the occurrence of any grave symptoms, and to the rapidity with which death came on after the commencement of the fatal symptoms. So rapid a death appears, in all probability, to have been caused by some sudden giving way of some of the ligaments, thus allowing the odontoid process to slip up into the foramen magnum, and so cause the paralysis.—*British Med. Journal*, Oct. 14, 1871.

Atrophy of the Optic Disk.—In a recent clinical lecture on this subject (*Med. Times and Gaz.*, Nov. 18, 1871) Prof. LIEBREICH stated that to obtain the proper diagnostic observations it is necessary to examine the direct image. For that purpose you must be placed close to the eye of the patient, adapting behind the mirror concave glasses of such a power as is required by the short-sightedness of the eye of the patient, or of that of your own.

In order to be able to examine the direct image without artificial dilatation of the pupil, it is necessary to use a mirror with a sufficiently small and carefully worked hole in the centre. If the hole is nearly as large as the pupil of the patient, it is impossible to throw light enough into his eye. If the margin is irregular, containing little scratches, or if it forms a channel instead of a sharp ring, the reflex of light proceeding from this border puzzles the observer by producing entoptic phenomena in his own eye. A very small part of the mirror only throws light into the pupil—namely, that which immediately surrounds the hole. It is therefore quite useless to use very large mirrors, which are tiresome to the patient, without giving a stronger light to the part of the fundus under observation.

Since I gave these explanations, the diminution of the mirror and its central hole has often been made too great. If the mirror is too small, it cannot well be put against the supra-orbital margin, and insufficiently protects the observer against the flame. Too small a hole has two great inconveniences: at first it diminishes the intensity of the light, allowing only too small a pencil of light to pass from the observed to the observer; secondly, it acts as a stenopaic apparatus, and deprives us of our judgment on the refraction of the patient by suppressing the circles of dispersion.

I therefore propose to make the hole not smaller than two millimetres, and the mirror not smaller than three centimetres, and to use in preference a thin silvered glass mirror, the centre of which is not perforated, but only deprived of the silver covering. The focus of the mirror may be of eight or ten inches.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Death attributed to Chloroform.—In Circular No. 3, Surgeon-General's Office, recently issued, we find reported the following case of death ascribed to chloroform. H. J., a private of Co. E, 19th Coloured Troops, aged 20 years, had his thigh fractured by a conoidal musket-bullet accidentally fired. Two months and a half after the receipt of the injury, chloroform and ether were administered for the purpose of excising the ends of the bone. The patient inhaled two minutes, then began to sink; pulse failed; spasms occurred; the head was drawn back, and hands and feet were in a tremor. The sponge was removed and the patient rallied, but as soon as the sponge was reapplied the spasms returned, the pulse stopped, and death supervened.

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Association of Medical Superintendents of American Institutions for the Insane.—This active association held its twenty-fifth annual meeting in Toronto, Canada, on the 6th, 7th, 8th, and 9th of June, 1871. As usual, there were many interesting papers read and very instructively discussed, a report of all which will be found in the *American Journal of Insanity* for October last.

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Smallpox Mortality.—The mortality from smallpox in Philadelphia during the past four weeks has been as follows:—

	Deaths.
Week ending December 2	233
" " " 9	199
" " " 16	211
" " " 28	228

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Literary Piracy.—The editor of the *Lancet*, in his number for Oct. 28th, complains greatly of the republication of English medical works in this country, and asserts that "the retort that we publish American works has no foundation in fact." We are not disposed to entirely deny the justice of the editor's complaints, but we think it would not be difficult to prove that our English cousins are not quite so immaculate as is claimed. It may be enough to republish without proper thority English works, even when the thor's name is given on the title-page an the preface, by which at least his repu tion is extended and some recompe in the way of fame secured to him. this is not always the only compensat awarded to English authors. We happ to know, so far at least as one publish is concerned, that his republications usually made through an arrangem with the English publisher or with author, and we have seen numerous let from the latter acknowledging the c tesy extended for the pecuniary re tance spontaneously sent to them for use of their labours. But what can said when an American work is repu lished in England, and instead of the thor's own name being placed on the title-page, that of another is substitute for it. And yet something very like this has occurred quite recently. We have before us a volume published within a year, entitled "*The Medical Jurisprudence of Insanity*, by J. H. Balfour Browne, Esq., Barrister."

In a review of this work, published in the October No. for 1871 of the *Journal of Mental Science*, the plagiarism of which Mr. Browne has been guilty is so fully exposed, that we will content ourselves with one or two extracts from that review by one of his own countrymen.

The reviewer says: "There is one sentence in this book which strikes us as being, perhaps, the truest in it. 'Sometimes, in shabby genteel families, a coat which was once worn by the father is adapted to the eldest son, and from him passes to a younger brother. So it is often in books; and some recent writers upon the medical jurisprudence of insanity have been much indebted to their predecessors.' We do not know who the writers are to whom Mr. Browne alludes, but we know that in this respect he is a sinner above all others with whom we are acquainted." * * *

"The author has taken as his model and guide the well-known work of Dr. Isaac Ray, and has followed this so closely that his own book might almost be called

w edition of Ray, brought up by means
ew modern cases to the present time."
o prove this, the reviewer gives the
e of contents of the two works side by
, and remarks:—

"If any one will examine these two
les, he will see that they correspond
st closely, while some of the divisions,
Intellectual Mania, general and partial,
l partial and general Moral Mania, are
ite peculiar to Dr. Ray, and, so far as
are aware, have been adopted by no
her author, yet Mr. Browne gives them
his own without the least acknowledg-
ent."

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—A case of
his occurred recently at the London Hos-
ital. The subject of it was an iron mer-
hant, æt. 33, upon whose left foot a piece
f iron fell. It was found that the first
nd second toes were fractured. Amputa-
ion of the toes was considered necessary.
he deceased having undergone the neces-
ary previous examination, chloroform was
dministered to him; but at first he re-
isted it, being in a state of excitement.
he amputation was proceeded with, when
t was found that the pulse had ceased.
emedies were at once used to restore the
atient, but life was quite extinct.—*British
Med. Journal*, Nov. 25, 1871.

In the *Boston Med. and Surgical Journal*
or Dec. 14, 1871, it is stated that there
s reported in the *Australian Med. Gazette*
or July, 1871, the case of a female,
ged 48, to whom chloroform was admin-
stered for an operation on the knee.
ess than a drachm had been used when
eath ensued.

Dr. PIRRIE communicates another case
o the *British Med. Journ.*, July 29, 1871:
man, aged 37, was brought into the
heatre of the Aberdeen Royal Infirmary
or the purpose of being operated upon for
ie radical cure of hernia. Chloroform
as administered on a towel. Just as the
eliminary incision had been made at-
ntion was called to the alarming ap-
arance of the patient, whose pulse and
eathing had suddenly ceased. Artificial
spiration was tried without effect. On
post-mortem examination the walls of the heart were found to be flaccid, the walls of the left ventricle and the septum cordis were in an advanced stage of fatty degeneration.

Still another case is recorded (*Brit. Med. Journ.*, Dec. 2, 1871), occurring in a healthy man, aged 53, who was admitted into the London Hospital, with a foot crushed by a piece of iron falling on it. It was found necessary to amputate the first toe, and chloroform was administered on a fold of lint, and for about five minutes seemed to produce no effect. The patient then suddenly became excited, and the administration of the chloroform had to be desisted from. He continued excited for about two minutes, and then became quiet. He screwed up his eyes when the conjunctivæ were touched. The operation was now commenced, and he winced at the first prick of the knife. The pulse now began to beat very feebly, and almost immediately afterwards stopped. The man breathed more than once after the heart and pulse had ceased to be felt. Artificial respiration and the interrupted current were used without avail. At the *necropsy* the heart-fibres were found to be granular and contained some fat-globules.

Iodized Cotton.—M. MÉHU, pharmacien at the Necker Hospital, describes his mode of impregnating cotton with iodine. The iodine is first reduced to an extremely fine powder by trituration in a porcelain mortar, its pulverization being greatly facilitated by adding, from time to time, some drops of ether. Very fine and quite dry carded cotton should be chosen, its weight being ten times greater than that of the iodine. This is introduced in small portions, with the proportion of iodine, into a flask capable of containing a litre, and having a wide mouth. Into such a flask from twenty to twenty-five grammes of the cotton are sufficient to be introduced, in order to secure its thorough permeation by the iodine. The flask is placed in a sand-bath, only slightly corked, until the heated air has escaped, when it should be closely stopped. The iodine disen-

gaged now thoroughly permeates the cotton, and when this has attained the colour of roasted coffee the process is finished. As much as 10 per cent. of iodine may be thus combined, but for all ordinary purposes 5 per cent. suffices. The cotton may be prepared, also, in a boiling water bath. To preserve it for use it must be kept in a bottle stopped with emery or by a cork which has been long kept in melted paraffine. This cotton has been found very useful applied to glandular swellings of the neck, or wherever the local use of iodine is indicated—placing it round the neck, for example, and securing it by a bandage. It requires to be renewed every two or three days.—*Med. Times and Gaz.*, Sept. 16, 1871.

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Influence of Insufficient Food on Women's Milk.—M. Decaisne, taking advantage of the siege of Paris, instituted a series of carefully conducted experiments on forty-three women to determine this point.

The following are his conclusions:—

"1. That the effect of insufficient food on the composition of woman's milk presents great analogy with that observed in the case of animals.

"2. That these effects vary according to constitution, age, hygienic conditions, etc.

"3. That insufficient food always gives rise, within varying proportions, to a diminution in the amount of the butter, caseine, sugar, and salts, whilst it augments generally that of the albumen.

"4. That in three-fourths of the cases observed the proportion of the albumen is in an inverse ratio to that of the caseine under an insufficient diet.

"5. That the modifications in the composition of the milk due to a reparative diet always manifest themselves in a striking manner by the end of four or five days."—*Ibid.*, Nov. 25, 1871.

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Antidote to Carbolic Acid.—Dr. T. Hamman, from numerous careful experiments, both chemical and medicinal, advocates the use of a strong solution of saccharate of lime, of course to be taken as soon as possible, as an antidote to carbolic acid.

Oiling the Urethra.—Mr. Barrett recommends (*Lancet*, Nov. 11, 1871) oiling the urethra instead of the catheter when introducing the latter, in cases of retention of urine. This he effects by injecting oil into the urethra with a syringe, compressing, at the time, the end of the penis firmly between the thumb and finger of the left hand, and continuing the pressure until the point of the catheter is inserted. This plan is not new, having been described by Sir Henry Thompson some years since.

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Refrigeration of Warm-blooded Animals.—Dr. Horvath reports (*Centralblatt*, No. 34) some interesting results attained by him in experiments on the refrigeration of warm-blooded animals. 1. Refrigeration was carried to such a degree in a young dog that the temperature in the rectum descended to 6.6°, 5.8°, and even to 4.8° C. (44° to 40° F.), and yet the animal, on the reapplication of heat, revived, being then apparently in much the same condition as before the refrigeration. As far as Dr. Horvath is aware, no one had hitherto seen a warm-blooded animal restored to life after such a reduction of temperature. 2. In other experiments he has reduced the temperature (in the rectum) of a rabbit to 7° C. (45° F.), and of a cat to 9.5° C. (49° F.), and found that neither the action of the heart nor the respiratory movements could be perceived. Nor did even the strongest electrical current exert the slightest effect either upon the muscles of the skeleton or directly upon exposed nerves. On the restoration of warmth, by pouring warm water over these animals, which had remained for an hour in a state of apparent death, spontaneous contractions of the heart, which had ceased for an hour, were observed. The electrical current, also, applied directly to the muscles, induced energetic contractions in the same muscles which, before the warmth was applied, were insensible to the strongest electrical action. 3. A third interesting and not less important fact is, that in an animal which was first refrigerated and then warmed, it was not possible to excite the action of the muscles of the skeleton by even the

strongest electrical stimulus when applied to their nerves, while these same muscles, on the direct application of the current, contracted energetically. The fact that we can separate nervous and muscular energy from each other by this agency, which hitherto it has only been possible to do by the employment of curare, promises to be of good service in future researches concerning the physiology of the muscular and nervous system.—*Med. T. and Gaz.*, Sept. 16, 1871.

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Invention of Enema-Apparatus.—We referred lately, on German authority, to the astonishment of the Bavarian soldiers at the ubiquity of the "irrigateur" in French establishments, and the odd uses to which they put them. Frederigo Kernot, of Naples, in a newly published *Storia della Farmacia*, describes "with true southern liveliness," according to the *Pharmaceutical Journal*, the invention of the enema-apparatus, which he looks upon as an epoch in pharmacy as important as the discovery of America in the history of human civilization. The glory of the invention of this instrument, so beneficial to suffering mankind, belongs to an Italian, Gatenaria, whose name ought to find a modest place together with Columbus, Galileo, Gioja, and other eminent and illustrious Italians; he was a compatriot of Columbus and professor at Pavia, where he died in 1496, having spent several years in the perfection of his instrument. The enema-apparatus may be justly named the queen of the world, as it has reigned without a rival for three hundred years over the whole continent, besides Brazil and America. The enema came into use soon after the invention of the apparatus itself. Bouvard, physician to Louis XIII., applied two hundred and twenty enemata to this monarch in the course of six months; in the first years of Louis XIV. it became the fashion of the day; ladies took three or four a day to keep a fresh complexion, and the dandies used as many for a white skin. Enemata were perfumed with orangé, angelica, bergamot, and roses; and Mr. Kernot exclaims enthusiastically, "O! se tornasse questa moda" (oh, that this fashion would return)! The medical profession at first hailed the invention with delight, but soon found the application *infra dig.*, and handed it over to the pharmacist; but shameful invective, sarcasms, and epigrams, hurled at those who exercised the humble duty of applying the apparatus, made them at last resign it to barbers and hospital attendants. As a specimen of these epigrams, the author gives the epitaph on a tombstone of an ancient pharmacist:—

"Ci gît qui pour un quart d'écu
S'agenouillait devant un cu."

—*Brit. Med. Journal*, Sept. 23, 1871.

—

Effects of Strikes on Mortality.—The Recorder of Newcastle has shown us that strikes cost the country something more than money, trouble, ill-will, and loss of trade. The privations which the artisans have to endure leave their inevitable record in the mortality amongst them, and the last Newcastle strike brought the death-rate up from 26 per 1000 to 40.—*Med. Press and Circular*, Oct. 25, 1871.

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Female Students in Prussia.—The Königsberg academical authorities having addressed a question to the Minister of Public Education (Herr von Mühler) concerning this matter, have received a reply from this dignitary which frustrates the hopes of the fair aspirants. The statutes of the University, he says, contain no provision for the case of a female student. Indeed, a like thing had not been thought of at the time of their being framed. It would therefore be necessary, he further argues, to alter the statutes, for which His Excellency, as at present advised, cannot see any cause. Then follows a categorical interdict against the admission of female persons to University lectures.—*Brit. Med. Journ.*, Aug. 19, 1871.

—

Obituary Record.—Died in Paris, aged 76, the celebrated obstetrician Paul Dubois, Honorary Dean of the Faculty of Medicine, Commander of the Legion of Honour, Member of the Academy of Medicine, &c. &c. His funeral took place on the 4th of December.

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It is not merely that Sir Thomas Watson drew for us a series of pictures of disease which, for vigorous description, have never been excelled and rarely equalled; nor that the language in which he conveyed these lessons was as pure and limpid as that of Goldsmith. These were great merits, but there was something more than these which gave an inexpressible tone of superiority to the "Principles and Practice of Physic." In fact, the work was not merely a storehouse of invaluable facts, but a complete school of scientific and professional manners. . . . To multitudes of students this new issue will afford the opportunity of reading Watson for the first time. How unfeignedly we envy those happy youngsters! We promise them that if they have been thinking that medicine is dry, they will find it can be made as pleasant reading as a novel, and if they have suspected that doctors are dull, they will meet here with a master who flashes light, and one might almost say gayety, into the mind of the slowest learner, by the mere contagion of his own eloquent enthusiasm.—*London Practitioner*, Nov. 1871.

The products of a scholarly and well-stored mind, and the results of an eminently sagacious observation, expressed in language that is at once precise, perspicuous, and pure. Scholarly without being pedantic; excellent in exposition; graphic in illustration, and furnished with an honest backbone of common sense.—*London Lancet*, Oct. 28, 1871.

At length, after many months of expectation, we have the satisfaction of finding ourselves this week in possession of a revised and enlarged edition of Sir Thomas Watson's celebrated Lectures. It is a subject for congratulation and for thankfulness that Sir Thomas Watson, during a period of comparative leisure, after a long, laborious, and most honorable professional career, while retaining full possession of his high mental faculties, should have employed the opportunity to submit his lectures to a more thorough revision than was possible during the earlier and busier period of his life. Carefully passing in review some of the most intricate and important pathological and practical questions, the results of his clear insight and his calm judgment are now recorded, for the benefit of mankind, in language which, for precision, vigor, and classical eloquence, has rarely been equalled, and never surpassed. In an epilogue at the end of the second volume, the author expresses his obligations to Dr. George Johnson "for his friendly assistance in re-editing the Lectures." The revision has evidently been most carefully done, and the results appear in almost every page.—*British Medical Journal*, Oct. 14, 1871.

We have endeavored by our extracts, and by reference to some of the more prominent subjects, to indicate the extent and the thoroughness of the revision to which these lectures have been subjected. The result is that, as a text-book on medicine, the work is unrivalled, combining, as it does, in an extraordinary degree, scientific accuracy, practical wisdom, and an unapproachable charm of style. These characteristics will insure its popularity with students and practitioners, and even with educated general readers, who never fail to appreciate a clear statement of scientific truths.—*British Medical Journal*, Oct. 1871.

There is no text-book of the kind with which we are acquainted that is so healthy in its tone, so pure in its style, so graphic in its history of cases, and altogether such pleasant reading as "Watson's Practice of Physic."—*London Lancet*, Nov. 18, 1871.

HENRY C. LEA, Philadelphia.

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THE MEDICAL NEWS AND LIBRARY.

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CLINICS.

CLINICAL LECTURE.

Clinical Lecture on those Symptoms in Women which point to the Expediency of instituting Local Examination. By ROBERT BARNES, M.D., Obstetric Physician to St. Thomas's Hospital, etc. etc.

There is nothing special in the mode of studying the diseases of women. Just as the ophthalmic surgeon is led to examine the eye because the patient complains of loss or disturbance of its function, or because he feels pain in it, or has some other subjective symptom referred to that organ, so by disturbances of function or some other subjective sign are we led to the discovery of disease of the sexual organs. When the function of an organ is disturbed, the *primâ facie* inference is that the organ itself which constitutes the mechanism by which that function is performed is out of gear. This is not indeed always absolutely true; because an impaired state of the blood, or disordered innervation, or derangement of a different organ, may entail the functional disorder which arrests our attention. The genital organs are no exception to this proposition. The functions of the ovaries, uterus, or vagina may be seriously deranged by a state of anæmia or blood-poisoning, by disease of the nervous centres, by disease of the heart, lungs, or liver. These functions may be even more seriously affected by mechanical pressure in contiguous parts. Still the fact remains that we can hardly appreciate rightly or successfully treat these primary or correlated diseases if we do not take into careful consideration the state of the genital organs themselves. The general or distant affections require to be investigated and treated; but it is not safe to overlook the organs that may be secondarily involved.

It is needless to say that every woman who is ill and seeks advice does not suffer

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from disorder of the sexual system. She may labour under various constitutional disorders, and under disorders of parts of the body quite independent of the sexual system. On the other hand, general or local disorders may in their course react upon, and induce disorders in, the sexual system. And there are disorders of this special system, commencing in it, and in their turn reacting upon, and inducing disorder in, distant organs or in the general system.

These inter-reactions are exceedingly frequent. Indeed, it may be affirmed that no severe constitutional disorder can long continue in a woman during the predominance of the ovarian function without entailing disturbance in this function. And the converse is also true, that disorders of the sexual organs cannot long continue without entailing constitutional disorder, or injuriously affecting the condition of other organs.

These facts point to the necessity of guarding against the error of fixing our attention too specially upon one particular class of symptoms or upon one organ. Whilst searching out the part which is more especially the seat of diseased action, we must be careful not to overlook possible disease elsewhere, and not to neglect to observe the mutual reactions. The clinical physician, although led by the intuition of experience to seize quickly upon the offending part, will not omit to pass under review the state and working order of the other parts. In this manner most important complications are often brought most unexpectedly to light; and in every case some useful indication in treatment is discovered. The late Professor Chomel, a man of admirable skill, sagacity, and judgment, never failed, when a new case of disease came under his care, to interrogate successively every function. Thus, I have seen him in a case of pneumonia, the signs of which at once arrested attention, proceed nevertheless to explore the abdomen, the uterus, and the rectum. This may look like carrying out a principle to extremes. Yet who shall say that Chomel, as a clinical teacher or as a physician, was wrong?

It is not, indeed, necessary, in ordinary practice, to follow out in rigorous completeness the plan which to the clinical professor may seem desirable. It will therefore be useful to ascertain *what are the leading symptoms which, alone or grouped, indicate such disorder of the sexual organs as to call for direct exploration.*

This is the question we have set before us: When a woman presents herself, complaining of certain symptoms, chiefly subjective, some, or perhaps none, referred to the pelvis, how are we to act? Will these subjective symptoms enable us to refer them to their cause, to establish a diagnosis, to give satisfactory indications for treatment? Hardly. We must therefore call to our aid the objective signs; we must weigh and determine the significance of these before we can arrive at a conclusion at all precise or trustworthy as to the underlying pathological condition. The whole tendency of modern medicine is to subject every organ which manifests functional disorder to direct physical exploration, in order that it may solve the question presented obscurely by the subjective signs. The sound, the probe, the stethoscope, the laryngoscope, the otoscope, the ophthalmoscope, the various forms of speculum, are only so many contrivances for enabling us to project or extend the senses of touch, sight, and hearing into the internal structures. In the case of the skin, all is at once exposed to direct observation; and, as Alibert remarked, we should be glad to have the same advantage in investigating and treating the diseases of the heart, lungs, liver, kidneys, and nervous centres. Why is it that the study of the pathology of the skin and of the eye is invested with such fascinating interest? Those who devote themselves with the greatest zeal and success to this study will tell you that it is because the skin and the eye reveal their condition directly to the senses, and thus furnish not only positive objective signs which the patient can neither suppress nor misrepresent, but also because in this direct observation of the skin and eye they can read and follow as on a map or on a telegraphic dial the working of distant organs and of many affections of the general system. Here,

then, you see how the reputed special practitioner, turning to account his special experience, often acquires an insight into general pathology denied to those who neglect the lessons they might read upon the visible organs.

This advantage we possess to a great extent of perfection in the case of the pelvic organs. It is by the proper use of this advantage that so great a degree of precision in knowledge, and of success in treatment of diseases of women, has of late years been attained.

And there is one property in a high degree characteristic of the instruments employed in the investigation of the diseases of women of such singular value that it ought to completely silence the objections at one time so passionately urged against them. It is this: the instruments have a therapeutical as well as a diagnostic application; the speculum, for instance, revealing a lesion of the cervix uteri, enables the surgeon at once to apply his remedy. Thus treatment follows upon the track of diagnosis, one sitting and one operation serving for both.

Here, then, as in medicine generally, our first indication of the direction in which we have to look for the disease which causes the patient to complain, lies in the disturbance of function. We have then to consider what these functions are. The first in importance, because it is continued with occasional interruptions throughout the period of active sexual life, is *menstruation*. The other functions are incidental to married life only; these are *the relation to the other sex, pregnancy*, and *lactation*.

Most of the diseases which attack the ovaries and uterus, whether primary or secondary, entail some disturbance in the menstrual function. The flow is diminished or in excess, or its periodicity is deranged. It is attended with pain in the pelvic organs and other nervous phenomena.

We shall discuss the history of amenorrhœa, menorrhagia, and dysmenorrhœa hereafter. Our object now is simply to determine the conditions which suggest local examination. In the great majority of cases of *amenorrhœa* in single women, no local exploration is necessary; but in some cases it becomes imperative; for example, amenorrhœa is sometimes presumptive only—that is, the secretion takes place, but, owing to some imperfection of structure, it is retained in the cavity of the uterus or vagina. This may be called *occult menstruation*. The suffering becomes urgent in the highest degree, and nothing short of an operation which shall liberate the retained secretion will save the patient. Some cases, again, of suppressed menstruation, leading to effusion of blood behind the uterus, setting up circumscribed peritonitis, and displacing the uterus so as to press upon the bladder, may cause retention of urine. Here again local examination is imperative. This may be said of every case of retention of urine. In almost every case of retention of urine in women the cause is external to the bladder, and in the great majority it is due to some disease or displacement of the uterus.

Menorrhagia is a relative term; that is, some women lose much more than the average without suffering in health; but whenever the loss continues profuse, obviously entails anæmia and general debility, and persists in spite of internal remedies, local examination is clearly necessary. We shall often find a sufficient local cause in polypus, tumour, inflammation, congestion, hypertrophy, displacement, or malignant diseases, all of which conditions require local treatment.

When we come to study the history of *dysmenorrhœa* we shall find abundant proof of the almost constant association of this disorder with a mechanical condition of the uterus impeding the easy performance of the function. So long, however, as the distress does not clearly affect the general system, so long as it does not exceed endurable bounds, and if it appears to be moderated by general remedies, it is not necessary to examine; but, in the contrary event, examination should not be long postponed. To postpone examination is to postpone discovery of the cause and effective treatment. This is more especially imperative in the case of a married woman in whom dysmenorrhœa is complicated with dyspareunia and ste-

rility. Abortion, if not primarily depending upon some local disease or displacement of the uterus, is so very likely to be followed by some such condition, that an examination should be instituted. If a sanguineous discharge, even periodical, resembling menstruation, goes on during lactation, especially if it be excessive in quantity and attended by leucorrhœal discharge, it may be almost confidently predicated that there exists some uterine disorder requiring local treatment.

I have used a new word, "*Dyspareunia.*" It is incumbent upon every one who coins a new word to explain its meaning and to justify the innovation. Just as the word "dysmenorrhœa" has been coined in order to express compendiously the condition of difficult or painful menstruation, just as "dyspepsia" is used to signify difficult or painful digestion—we want a word to express the condition of difficult or painful performance of the sexual function. Such a word would be convenient in many ways. It would enable us to avoid the longer and coarser forms in use, by substituting a single word at once euphonious, expressive, and in harmony with medical language. After consulting with my colleague, Dr. W. H. Stone, whose high classical attainments give authority to his advice, I have determined to adopt the word "dyspareunia." It is derived from δυσπάρευνος, a word used in this sense by Sophocles. However disagreeable the topic may be, it is impossible to escape reference to a function so important. Dyspareunia in the female is perhaps the most absolute of all the indications of local malformation or disease. It calls the most imperatively for local examination as to its cause. In its milder forms it may make the sufferer's life a course of physical and mental wretchedness; in its severe forms it virtually unsexes her; and in any form it may lead to the most disastrous social calamities.

Taking this condition, dyspareunia, as a symptom of disordered function, we shall be astonished, when we proceed to direct examination of the organs concerned, at finding how many those causes may be, and what a wide field of pathological inquiry is associated with it. For example, there may be original defect or malformation; there may be obstruction, tumours or growths, inflammation, dislocation or altered form, disordered innervation—in short, almost every disease to which the sexual organs are liable may entail dyspareunia for one of its consequences; and in not a few of these diseases disregard of this symptom may entail positive danger.

The existence of *certain discharges*, such as blood, under conditions of quantity and times of occurrence which distinguish from normal menstruation, mucus, purulent, albuminous, aqueous, fleshy, or membranous, if at all protracted, point clearly to some local disorder as their origin which requires direct exploration.

Then there are some subjective signs—pain, lumbo-dorsal, iliac, pelvic, or crural, and a sense of bearing down or pressure upon the rectum or bladder, entailing disorder in the function of these organs. These, especially if connected with abnormal discharges and other symptoms, call distinctly for local investigation.

Then we must observe the constitutional or remote effects of the foregoing conditions. Disorder of the pelvic organs seldom goes on long without entailing anæmia, disordered digestion, hyperæsthesia, neuralgia, or other manifestations of nervous derangement or prostration. When these conditions are observed in association with marked signs of derangement of function of the pelvic organs, the necessity for exploring the physical state of these is as clear as is that of examining the state of the heart or lungs when these organs perform their function with distress, and the whole system suffers.

Such, then, is a summary view of the conditions, chiefly subjective, which point out to us the desirableness of instituting direct observation of the pelvic organs. This direct observation commonly enables us to analyze the groups of subjective symptoms; to determine the cause and significance of each, separately and collectively. It always brings to our assistance the discovery of other symptoms,

ly objective; and almost always it in our power to apply the proper ment.—*Lancet*, Oct. 21, 1871.

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stract of a Clinical Lecture on the sis of Urethral and Vesical Diseases. r HENRY THOMPSON, Surgeon to Uni- y College Hospital. (Delivered Nov. 871.)

ommence to-day my usual course ctures, modified somewhat by cir- tances. Thus I desire to condense le my opening remarks on diag- to-day. I may premise that I give ourse of lectures on the diseases e urinary organs because my wards you so large a field for their study, lso because there is no class of dis- in which you can afford so much to the patient as in this, or so cer- mitigate suffering. There are no es more painful, and none the relief ich will gain you more gratitude your patients.

the matter of diagnosis, however, it he greatest importance that it should correct one, and not only correct, but ly made. I have now to say what I said to you before, that I interrogate ese patients on the same system, and ise you to follow this plan. I employ four questions for urinary patients, I advise you to use these four ques- also, and always in the same order. first question is, Is there any devia- in the frequency of passing urine? second is, Is there any pain in the The third is, Is there any blood in the e? And the fourth is, Are the char- rs of the urine altered (quality and ntity)?

e shall see that in all cases of urinary ases these four questions are sufficient, ther with the supplementary inquiries h arise out of them; yet we know often such cases are misunderstood deed, the simplest are often mistaken, ugh not pursuing a systematic method rriving at a diagnosis. First of all, is look at the question of *frequency*. ost every disease of the urinary or- s produces some deviation in the natu- requency of passing urine. As a rule, t be understood that a man in health does not generally rise at night to pass urine, and that he passes it during the day about five or six times; but when there is any degree of inflammatory action in the mucous membrane of the bladder, however slight, frequency of micturition is induced. Now, how does cystitis produce this increased frequency? When the mucous coat of the bladder is inflamed, it cannot bear to be much extended; and when the bladder contains five or six ounces of urine, or even less, the sensitive mucous membrane suggests that it should be emptied; instead of comfortably containing fifteen or sixteen ounces, it cannot endure the extension, and calls on the muscles to contract without delay. There is one, and one only, of these affections which does not necessarily produce, at first, frequent micturition. I speak of stricture: here it always occurs after a time; but a man may have a considerable amount of stricture for years before he is troubled in the way referred to. Calculous disease produces cystitis, and thus causes an increased frequency in passing urine. Now, as a supplementary question, you should next ask, Is the frequency greatest at night or in the day? If a man have calculus in the bladder, he is not so much disturbed at night, but in the day he is frequently micturating—all movements make him do so. Now, that extremely common complaint *hypertrophy of the prostate* is worse at night than by day, as far as frequency of passing urine is concerned. Hence, if a man of about sixty years of age says that he has but recently had urinary troubles, and these are greatest by night, the case is almost made out; you may be sure that a very little further inquiry will demonstrate the fact that he is the subject of hypertrophied prostate.

I come to the second question, of *pain*. This question is of greater significance. Suppose the patient says he feels pain. Where do you feel pain—low down in the belly? Then there is almost certainly chronic cystitis. Suppose he says that his pain is in the penis or perinæum, you must ask if he feels the pain before, during, or after passing urine. If the pain be before, that is because the mucous membrane is

coming uneasy in consequence of dis-
nsion. If he find it painful during or
fter passing urine, and in the end of the
enis, he is likely to have stone; and es-
pecially, also, if the pain be increased by exercise. The pain is at the end of the penis in stone. It is almost pathognomonic of calculus to find the pain near to the end of the penis during and after micturition. In chronic prostatitis, the pain is also at the end of the penis. This simulates calculus in the bladder more than any other disease.

The third question is, Has *blood* passed? This brings us nearer still to the point. Blood may be seen in cystitis, but very rarely. The mode and the circumstances in which the blood has passed, however, determine the nature of the disease. An elderly man, who passes blood intimately mixed with the urine, dark in colour, and not altered much by circumstances, with frequent rather than painful micturition, has probably hypertrophy of the prostate. In calculus of the bladder you find blood: it is as common in calculus as hæmoptysis is in phthisis. Then a calculous patient will find blood in the urine after a drive or a ride, or after hunting, and none if he keep quiet; or he may pass a drop or two with the last expulsive effort at micturition, and with pain at the time. Such urine is usually rather florid in tint, while, generally speaking, blood passed from the kidney remains long in the bladder, and, from contact with the urine, becomes brown in colour—it is like porter. This, also, may happen when the bleeding is due to hypertrophy of the prostate.

Lastly, Is the *character* of the urine perceptibly changed? A man will often tell you his urine is thick; but he does not discriminate between the thickness of pus or mucus, and that from deposited salts, as lithates. Patients are generally very much disturbed, unnecessarily, on account of thick urine. In this cold weather, the urine, on cooling, deposits its lithates readily, where none would be seen in summer; and you may tell him that, if he apply a little heat to it, he can see for himself that it will become quite clear again, which is never the case if the thickness be due to organic matters like pus or mucus; and if t
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rtain completely what is the matter. *ritish Med. Journal*, Dec. 9, 1871.

HOSPITAL NOTES AND GLEANINGS.

ummary of Five Cases of Acute Rheumatism in St. Mary's Hospital, with Clinical arks on their Duration and Treatment. Dr. HANDFIELD JONES.—The abatement he symptoms of acute rheumatism is radual that it is difficult to date acculy the cessation of all morbid action; in the following cases the subsidence ain, and the decline of the temperature pulse to the normal standard, have taken as the guide. If any inaccuremains to be allowed for, it is that luration of the disease has been overnated rather than the reverse.

the case of J. E—, aged forty-nine, e attack lasted about forty-five days, lies were resorted to for two days, then ia in full doses, and lastly strychnia. urine remained alkaline for sixteen or more after the alkali had been ted. A. B——, aged thirty-three, ered completely in eleven days. Full ine treatment was commenced on the h day, and gradually slackened. He no other kind of medicine. In the of C. G——, aged twenty, the disease d only nine days. The treatment nenced on the third day, and consisted sively of five-grain doses of quinia, times a day. His urine was found to lkaline on the fourth day. J. B——, twenty-seven, was admitted on the day of illness, and remained subject heumatism about twenty-nine days. -grain doses of quinia, repeated four s a day for three days, produced no rovement. He was therefore ordered grain of iodide of potassium and five ins of the bromide, in two ounces of cite-of-potash mixture, every two hours. four days he exhibited a decided improvement, and in a week he was compatively well. The fifth case was that of a an of good constitution, thirty years of ge, who was admitted on the fourth day f his illness. He had full alkaline treatent and none other, and recovered in irteen days.

Dr. Handfield Jones's remarks on these cases were to the following effect: It is clear that acute rheumatism has not a fixed period of continuance, but is, on the contrary, subject to very considerable variations. The question then arises, on what conditions do these variations depend? To some extent, possibly, on the time which elapses before a case comes under treatment, but to a very much greater extent on the *quality* of the individual system. Some systems present a much greater resisting power to morbid agencies than others, succumb when they are overborne only for a short time, and then rapidly spring back again to health; others when once depressed are very slow to regain their former status. Advanced life and debility, however induced, favour the latter condition. Predisposition to a particular disease must also be taken into consideration: some are prone to gout, some to rheumatism, some to Bright's disease, and some to fatty degeneration; and whatever that predisposition may consist in, the man who is disposed to rheumatism will succumb more readily to acute rheumatism, and recover more slowly than a man who is not. Therefore, as it is difficult in any given case to form a definite estimate of the strength of a man's constitution, or of his degree of debility, as well as of his predisposition to disease, it is a very difficult matter to determine beforehand the duration of an attack of rheumatic fever.

The next question is, what are the circumstances which should direct the physician in the choice of *remedies?* These also admit of only vague definition. In some measure they depend on the same circumstances which influence the duration of the disease. It is almost certain that as soon as the *urine* becomes alkaline (and it is so sometimes from the commencement), the use of alkalies will be not only useless, but injurious; still more certainly will it be so if the perspiration also be alkaline or neutral. If, on the contrary, the urine be highly acid and rather scanty, alkalies are very likely to be serviceable. When there is great thirst, with a dry, clammy mouth, alkalies in an effervescing form are very grateful. The state of the *pulse* is important. If it be very weak

and soft, alkalies are contraindicated; this is especially the case if, at the same time, the skin yield a copious flow of neutral sweat. In such cases quinia in full doses is very often of great service. Not unfrequently a mixed treatment of alternately given quinia and alkalies, as practised by Dr. Garrod, is productive of much good. In a recent case of a woman who was very weakly, anæmic, menorrhagic, much distressed, restless and half delirious at night, with a high temperature, that treatment was followed in four days by almost entire freedom from rheumatic pain, and by greatly improved sleep, although the temperature remained high for many days afterwards.

The condition of the *nervous system* should be noted. When it is irritable, bromide of potassium and repeated subcutaneous injection of opiates afford more relief than any other measure.

Blisters are allowed by Dr. Gull and Dr. Sutton as valuable agents in relieving suffering, though they do not curtail the course of the disease. But they are not suited to cases in which there is not much inflammatory swelling, although the pain and intolerance of movement be very great; they add to the nervous irritability, and may advantageously be made to give place to continuous poultices, medicated, perhaps, with laudanum or an alkaline solution.

Purgatives, containing calomel, or podophyllin, or extract of colchicum, should always be given at the outset, and repeated according to need if the tongue be foul, the taste perverted, and the patient loathe food.

For the *pains* which are apt to linger *about the shoulders and arms* after all febrile action has ceased, the subcutaneous injection of atropia will generally be found to be the best remedy, but sedative liniments are often useful.

As to *food*, the leading of the appetite should be followed. It can be of no use to intrude on an unwilling stomach food which it cannot digest; but as soon as the patient desires solids he should have them. Until then, soups and milk and such like food are essential.

A high temperature appears to be rather an indication for giving than withholding *stimulants*, and wine should always be given during the febrile stage if the patient be low.

In conclusion, Dr. Handfield Jones said that remedies administered carefully and with discrimination may, and often do, effect much good; and that, although the intimate pathology of acute rheumatism is so little understood that a rational treatment is impossible, no justification can be advanced for the neglect of treatment by drugs.—*Lancet*, Nov. 4, 1871.

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Case of Dislocation of the Left Hip; Reduction by Bigelow's Method.—G. B., a stout, muscular man, æt. 31, a surgeon, was admitted into University College Hospital under the care of Mr. Erichsen, Dec. 18th, with all the ordinary signs of a dislocation of the hip into the sciatic notch. The dislocation had occurred thirteen hours previously, and happened thus: The patient was leaving a railway carriage while the train was still moving, when he stumbled and fell down between the moving train and the side of the platform. He fell on his left side, with his head towards the engine. His left thigh was flexed, and his right extended. He thus got jammed between the carriage and the platform, with his left knee against the carriage and his back against the platform. His back remaining fixed against the platform, and his left thigh being forcibly flexed by the moving carriages, and the space between the carriage and the platform being insufficient, the head of the bone was forced out of the socket when the thigh reached flexion to about a right angle with the body. He saved himself from falling on the rails by clinging to the footboard of the carriage.

Reduction was easily effected. The patient, lying on his back, was placed on a mattress on the floor. He was then fully anæsthetized. Bigelow's directions for the reduction of this dislocation were then followed out exactly. Mr. Godlee, the house-surgeon, standing on the left side of the patient, first flexed the limb to a right angle with the body. He then placed his foot upon the pelvis, to steady it, and made moderately forcible traction

the flexed knee. The bone went in nce with a loud snap. The whole ation did not last a minute. The used was by no means great. The was then put on a long splint, and patient put to bed.—*Lancet*, Jan. 6,

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datid of the Lung.—This is so rare a se in this country that most practirs have never seen it. But it seems e very common in Australia, if we judge from an interesting paper on subject by Dr. L. D. Bird, of Melne, read before the Medical Society ictoria, and published in the March ber of the *Australian Medical Journal.* most common site of pulmonary hyls is the base of the lung. If the is small or of moderate size, it may sion no symptoms, and remain unno-; when symptoms do occur, they are e of mechanical pressure or irritation. physical signs vary according to the and locality of the sac. Unless the our infringe on the chest-wall, the per-ion-note is not altered, but respiration arsh and puerile or defective. The y of visible venous engorgement is, Dr. Bird's opinion, a feature which nguishes the case from one of intrasoic cancer. If the cyst has origid near the surface of the lung, and is enough to press on the chest-wall, limited dulness and other physical of fluid will be noticed. The case be differentiated from pleurisy, ab-, or phthisis by careful limitation of ess, the situation of it, and the symp- and general history of the case. existence in the sputum of echino- and portions of cyst would of course erifying. But this evidence is not lable in the early stages of the disease. atids and phthisis often coexist, and not always possible to pronounce a ive diagnosis. Dr. Bird claims credit Victorian surgeons of showing the riety and harmlessness of tapping cysts in the lung. In Dr. Bird's rience, the first tapping, followed by cines calculated further to injure the ity of the parasite, of which bromide dide of potassium and kameela are preferred, is so often successful that he has ceased to take notes of such cases. A discussion followed the reading of the paper. There seemed but one opinion as to the frequency of the disease in the colony, and it was generally attributed to the pollution of drinking-water by the excreta of dogs containing the ova of tænia.—*Lancet*, July 1, 1871.

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Case of Probable Partial Obliteration of the Aorta.—A mason came in 1866 into Prof. Skoda's ward at the General Hospital, Vienna, for some passing affection. In the course of his physical examination of him, Dr. Schrötter, Dr. Skoda's assistant, was led by certain peculiarities which he found, to the above diagnosis, in which Professor Skoda coincided. We were enabled, by the kindness of Dr. Schrötter, to see the man recently, and now give the points in the case as they exist at the present time.

The subject of the supposed malformation is a strong, healthy man of twenty-eight, who works hard all day at his trade, and is able to lift heavy stones, or go through any exertion without fatigue or the slightest distress. On stripping his chest, the first thing noticed was a tremendous heaving apex beat in the sixth intercostal space, two inches outside of the left nipple, evident equally to sight and touch. Percussion showed considerable extension of normal cardiac dulness toward the left. At the apex both sounds were healthy on auscultation. At the third right intercostal space could be heard a loud, rough, systolic murmur, while the second sound was sharp and clear. At the same spot a systolic thrill could be felt on palpation, and a slight heaving of the skin over the space could be seen on looking along the surface of the chest. There were no other auscultatory phenomena. On now examining the radial pulse, it was found to be full and strong, but very slow—only 48 per minute, and Dr. Schrötter said that it ranged normally from 44 to 50. The abdominal aorta could not be felt by deep pressure. In the femoral artery of both sides the pulse was very feeble, and distinctly retarded when compared with the radial.

No enlargement of the superior epigastric branches of either internal mammary artery, or of the epigastric artery itself, can be detected. In the left axilla can be distinctly felt a large pulsating vessel, running almost vertically from above downwards. This is probably an enlarged long thoracic artery. On the right side a similar enlargement does not exist. On the back, between the bases of the scapulæ and the vertebræ, more developed on the left than right side, are two bundles of enlarged vessels, which are evident to the eye, and can be felt pulsating. There can be little doubt that they are branches of the posterior scapular artery, carrying blood into the intercostals; other possible enlarged anastomoses, between branches of the subclavian and axillary arteries and the arteries in the lower part of the body, cannot be made out.

From what has been previously stated, it will be seen that we have evidence here: 1. Of hypertrophy of the left ventricle to a high degree, indicating an obstacle somewhere in the course of the aorta. 2. Of a diminished blood stream through the aorta and its branches, below the origin of the left subclavian; and of a retarded pulse, showing that the blood takes a perceptibly longer time to get into these vessels at each systole than into the subclavians. 3. Of a normal pulse in the subclavians, and also, it should be added, in the carotids; an indication that the obstacle, whatever it is, lies beyond their origins. 4. Of a compensatory enlargement of certain branches of the subclavian and axillary arteries communicating with arteries which supply the trunk. 5. Of absence of all signs of heart disease, dyspnœa, palpitations, &c., which probably would not be the case if it were the aortic valves which are diseased. 6. Of a *stationary* condition of things. The physical signs are the same now as in 1866.

Finally, it seems that no other diagnosis is possible than that of a partial obliteration of the aorta, somewhere beyond the origin of the left subclavian, probably in the descending part of the arch.

There is one point which is not easy to decide—*i. e.*, the meaning of the mu in the third intercostal space. Prof Skoda considers that it indicates a larged internal mammary artery; then, why are its abdominal branche the inferior epigastric artery not larged? Dr. Schrötter looks upon due to an aneurismal dilatation of aorta behind the point of contra such as would be most likely to foll the presence of the existing ventri hypertrophy.

It would be only speculation to sider what further enlarged anastor exist in this case. That the comp tion is in some way or other made plete is proved by the fact that the r feet and legs are never cold.—*L* July 1, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Atomized Turpentine-water in C Bronchitis and Consumption.—Dr. S. G WIN, of Victoria, Texas, writes us he has lately been using turpen water, inhaled by means of an atom with signal advantage, in cases of ch bronchitis and consumption, where was copious expectoration of either cus or pus, with hemorrhage and vi cough. The turpentine-water is pre from spirits of turpentine by magne the same way that aromatic water commonly prepared by druggists.

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Cancer unsuccessfully treated by C rango.—Dr. C. H. KLEINSCHMIDT re (*National Med. Journ.*, January, 18 case of scirrhus of the mamma of years' duration, treated by fluid extr cundurango, in doses of a drachm times a day. "The so-called specific says, "instead of producing any imp ment whatever, acted upon the stoma a most deleterious manner, at first d ishing and afterwards entirely destr the appetite.

"On the tenth day of the cundu treatment nausea and vomiting e after each dose of the drug, and cont for some time after. Nothing cou

ined, not even ice. The drug," he ks, "hastened the fatal termination." The editors in a note report the follow- g cases communicated to them since eir last issue:—

Mrs. C., an aged lady residing in this ity, who had been suffering from mam- ary cancer of long standing, was placed upon the treatment with cundurango. Af- ter a few doses of the decoction she com- menced vomiting, and continued to vomit for four days, and died.

Mrs. F., who was also under treatment with the drug for a like cause, has also died. The particulars of the case we have not learned.

Mrs. A., who but recently died of an intercurrent disease, was also subjected to the same treatment for supposed mam- mary cancer, without any beneficial ef- fect. The cundurango was suspended because of the nausea produced. The regular physicians in attendance subse- quent to the cundurango treatment, doubt the existence of cancer.

Dr. Garnett says of his case: "I have not hesitated to give it a full and fair trial n the treatment of one of my own patients, unhappily affected with well-marked and mmistakable scirrhus of both mammæ. n this instance the patient has been kept nder the administration of the remedy n the form of infusion and fluid extract or eight weeks, without its having pro- uced any visible effect whatever upon he indurated glands, or otherwise influ- nced the progress of the disease."

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Tapeworm cured by Kameela.—Dr. S. Knight bears testimony (*Philadelphia ed. Times*, Jan. 1, 1872) to the efficacy the kameela (*Rottlera*, U. S. Pharm.) tapeworm in three cases. He gave it follows: ℞. Kameelæ ʒss; syrup. mplicis fʒj. M. Dose, a tablespoonful.

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Hydrate of Chloral as a Rubefacient and Escharotic.—A correspondent of the *Scien- ic American* strongly recommends the ydrate of chloral as a rubefacient and scharotic. He says: "When applied, the rning is precisely like that produced by cataplasm of strong mustard; but, at e same time, a sedative action is per- ceived, which somewhat neutralizes the smarting, while it does not prevent an excessive irritation of the skin. It does not blister, but the part the chloral has been applied to becomes exceedingly in- flamed, and more or less swollen; and, according to the length of time of appli- cation, shows a merely reddened skin, or a suppuration of several weeks' duration.

"I give you my mode of application: Take a piece of fresh adhesive plaster, of the size wanted, and crush fine, on its surface, with an ivory spatula, enough of the crystals of the chloral to powder the piece of adhesive plaster quite evenly; use the edge of the spatula to take off the chloral where it is more than a mere dust in thickness, but distribute evenly, leaving one-third of an inch margin for adhesion; heat the back of the plaster for an instant only, and apply. Leave it on about half an hour as a rubefacient, six hours as an irritant. To produce suppuration, put the chloral on the plaster in large quantities, and leave on from twenty-four to thirty- six hours; on its withdrawal, apply a stimulating salve, and afterwards heal with cerate. For an escharotic effect, apply the chloral, thickly spread, and, after twelve hours, repeat the application, if necessary.

"It is surprisingly active as a suppura- tive, and for this reason it will not be pru- dent to apply it to any part of the surface of the abdominal cuticle, as, in one case under my inspection, having been left on too long, it occasioned a deep ulceration that was difficult to heal."

In this new mode of use, the chloral is truly invaluable; it is easily applied, cleanly, and perfectly reliable.—*Boston Journal of Chemistry*, Jan. 1872.

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An Annual Exhibition for the Philadel- phia Meeting of the American Medical As- sociation.—Drs. Edward Hartshorne and D. Murray Cheston, the Chairman and Secretary of the Committee of Arrange- ments of the American Medical Associa- tion, have issued a circular in which they state they have been authorized to invite attention to the project of an exhibition of objects interesting to the medical pro- fession, to be held in Philadelphia during

the next session of the Association, on the 7th, 8th, 9th, and 10th of May next. This exhibition is designed to resemble the displays of a similar kind which are prominent features of the annual meetings of the British Medical Association.

The aim of the committee will be to form a collection of instruments, apparatus, specimens, preparations, models, drawings, plates, books, and all other proper objects that may be offered in good time for the purpose; and so to arrange it for exhibition as to bring it under the convenient observation of every delegate and professional visitor. They hope, in this manner, to give to the arrangements as much of a professional character as may be in their power. Their desire is to aid in advancing the practical interests of the Association, by affording an attractive addition to the ordinary routine of written and verbal communications and discussions.

The committee appeal for contributions of objects to be exhibited, to members of the medical profession, pharmacists and manufacturers of chemicals, to opticians, instrument-makers, publishers and booksellers, and to all others who are concerned in manufacturing or dealing in whatever tends to illustrate the study and practice of medicine and surgery and the associate sciences.

The general plan of arrangement, and amount of space to be allotted to the several departments and collections, will have to be decided by the end of March; and all the objects to be exhibited must be within reach of the committee by the second or third week of April next.

In order, therefore, to prevent confusion and disappointment, lists of objects offered for exhibition, and estimates of the amount of space desired for the purpose, will be required early.

Communications addressed to Wm. Pepper, M.D., 1215 Walnut Street, and F. F. Maury, M.D., 1218 Walnut Street, the sub-committee on the exhibition, will receive immediate attention.

No special reports or comparative statements need be looked for, nor will the committee be responsible for the merits or demerits of the several objects exhibited, although obliged to exercise control as to admission and location. Novelty, recentness, and practical character will necessarily have weight in determining precedence; but not at the expense of whatever may be deemed especially characteristic or interesting, whether old or new.

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Compliment to Dr. H. J. Bigelow.— Mr. JONATHAN HUTCHINSON, Senior Surgeon to the London Hospital, in a lecture on *Dislocation of the Hip-joint* (*British Med. Journal*, Dec. 23d, 1871), pays the following well-merited compliment to our countryman, Dr. Bigelow:—

"Next, gentlemen, let me say that I regard the researches of Dr. Bigelow in respect to our subject as amongst the most valuable of recent additions to the science of surgery. His essay on the *Mechanism of Dislocation and Fracture of the Hip* I recommend to you most strongly, as an excellent example of experimental investigation applied to a subject concerning which but too many had been contented merely to guess and speculate. I will endeavour to state to you briefly some of the chief results of the Boston professor's work—for details, of course, I must refer you to his book."

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Library of the College of Physicians of Philadelphia.—We are pleased to state that this library continues to increase rapidly. The increase during the past year has been 577 volumes, of which 152 were to the Lewis library, and 425 to the general library. The whole number of volumes in the library is now over 15,500.

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Reunion of the Alumni of the Jefferson Medical College.—This Association proposes to hold a social reunion during the meeting of the American Medical Association in this city in May next. The alumni of the college are cordially invited to attend. Those who contemplate being present are requested to send their names and addresses to either of the undersigned secretaries: J. EWING MEARS, M.D., 222 S. Sixteenth St., R. J. DUNGLISON, M.D., 636 N. Eighteenth St., Philadelphia.

Mortality from Smallpox in Philadelphia.—The deaths from smallpox during the last four weeks were as follows:—

Week ending	Dec. 30, 1871,	. . .	223
"	Jan. 6, 1872,	. . .	230
"	" 13, "	. . .	216
"	" 20, "	. . .	209

Philadelphia Hospital.—Dr. James Ty- has been elected curator to the Patho- cal Museum of this hospital to fill the ancy caused by the resignation of Dr. . Pepper.

FOREIGN INTELLIGENCE.

Croton-chloral.—Dr. Oscar Liebreich, whom we owe that valuable agent, hy- te of chloral, has lately been engaged nvestigating the physiological and the- eutical properties of a new organic pound called croton-chloral, which is med by conducting chlorine gas into lene. A peculiar action of this new stance in animals is, that at first a h degree of anæsthesia in the head is duced, while sensibility in the other ts of the body remains intact. The nd stage is, that the spinal cord loses function, and reflex excitability is ywhere extinguished. During that e both pulse and respiration remain hanged. The third stage, which is in- ed by large doses, is characterized by alysis of the medulla oblongata, and h. Animals may, however, be kept by artificial respiration, because the tion of the heart is not interfered ; while the ultimate effect of hydrate hloral is to paralyze the heart. The therapeutical experiments with the compound were made in the Univer- Clinique of Berlin. Complete anæs- ia of the fifth pair of cerebral nerves produced in a child, reflex excitability e other parts of the body continuing anged at the same time. Pulse and iration remained exactly the same ng the whole time of the narcosis. her experiments in insane patients ed that we possess in croton-chloral medy by means of which the brain be profoundly narcotized without any other functions being disturbed, while by chloral not only the brain, but the nervous system altogether, is rendered anæsthetic, and the heart's action is diminished, which must always constitute a source of danger. Croton-chloral, therefore, promises to pro- duce all the good effects of hydrate of chloral, without any drawback being at- tached to its judicious use. Its appa- rently specific effects on the fifth pair of cerebral nerves make us indulge the hope that it may perhaps be found useful in that most intractable affection—true tic doulou- reux, or epileptiform neuralgia of the face. —*Med. Times and Gaz.*, Nov. 4, 1871.

Popliteal Aneurism cured by Flexion in three days.—The *Bulletin de l'Académie Royale de Médecine de Belgique* contains an account by Dr. Larondelle of the cure of a popliteal aneurism of the size of an orange. Dr. Larondelle adopted Mr. Ernest Hart's method of forced flexion of the leg upon the thigh. There was œdema of the foot and leg. The bandage em- ployed was applied after the fashion re- commended by Mr. Hart in his first paper in the *Medico-Chirurgical Transactions;* and the patient, as in his second published case, was allowed to walk about the room with the help of a crutch. The bandage was solidified by starch. The flexion seems to have been forced a little in ex- cess. At the end of the second day, as the patient was complaining much of the pain, the bandage was removed. The pulsation was less. A second bandage was applied, and on the third day the tu- mour was found to be solidified. The cure thus effected was permanent; and the tumour, at the end of five months, was reduced to the dimensions of a small hard kernel.—*British Med. Journal*, Dec. 23, 1871.

Pure Carbolic Acid for Medicinal Use.—The best preparations of the acid of com- merce are seldom free from a disagreeable odour, foreign to the pure article, which renders their use in dentistry or to the throat objectionable. Mr. Church gives the following method of depriving the article of its gas-like odour: One pound

of the best carbolic acid of commerce (the white crystallized acid) is poured into two gallons of cold distilled water, taking care not to permit the *whole* of the acid to enter into solution. With a good sample, if, after shaking repeatedly at intervals, between two and three ounces of the acid remain at the bottom of the vessel used, this will be a sufficient residue to hold and contain all the impurities; with bad samples, less water must be used, or more acid. The watery solution is to be siphoned off, and filtered, if necessary, through fine filter-paper till perfectly clear. It is then placed in a tall cylinder, and pure powdered common salt added, with constant agitation, till it no longer dissolves. On standing, the greater part of the carbolic acid will be found floating as a yellow oily layer on the top of the saline liquor, and merely requires to be removed to be ready for use. As it contains 5 per cent. or more of water, it does not generally crystallize, but it may be made to do so by distilling it from a little lime. The portion collected up to about 365° Fahr. has at ordinary temperatures scarcely any odour, save a faint one resembling that of geranium leaves; and advantage may be taken of this curious resemblance still further to mask the slight odour proper to absolutely pure carbolic acid, by the addition to it of four drops per fluidounce of the French oil of geranium. This addition has the advantage of liquefying the pure crystallized product. The pure acid may be dissolved in 230 parts of water, and used as a gargle; or in 25 parts of water for painting the throat, or in 50 parts for the carbolic spray. We are sure that the profession will thank Mr. Church for the introduction of such a simple method of depriving this invaluable agent of its disagreeable odour.—*British Med. Journal*, Oct. 21, 1871, from *Chemical News*.

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Disinfecting Power of Carbolic Acid.—The disinfecting power of carbolic acid seems yet to be dubious, and certainly not so great as to be relied upon. Dr. H. J. von Ankum inserted a paper in *Morandschrift voor Natuurwetenschappen* stating the following facts: Atmospheric air, to which are added the vapours emanating from carbolic acid, is unable to hinder the development of lower organisms in water with hay, in milk, and in urine. He put those substances under a glass bell, with an opening at the upper side, and surrounded by little cups filled with carbolic acid. All was placed in a ventilating closet, and the arrangement was such that the air that passed the above-named substances was mixed, if not saturated, with the vapours of carbolic acid. After the lapse of a little time, the development of lower organisms took place just as if the fluids had been exposed to the free air. Von Ankum made use of pure and impure carbolic acid, and only once he saw, in using the impure strong-smelling carbolic acid, the formation of those organisms was retarded, and did not take place in so many forms. He concludes, from his experiments, that no disinfecting action can be expected from the vapours of carbolic acid when they are mixed with the atmospheric air in such quantity that the respirations can take place in it without damage.—*Med. Times and Gaz.*, Dec. 16, 1871.

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Cundurango.—At a recent meeting of the Aerztlicher Verein in Vienna, Dr. Schnf stated that the result of experiments made there with the alleged specific for cancer—cundurango—had shown it to be quite worthless, as our English trials have already proved it to be. The Austrian government had purchased a quantity of this supposed remedy, at a high price, for the purpose of having its effects tested in the Rudolf Hospital.—*British Med. Journal*, Dec. 23, 1871.

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Vaccination with Glycerized Lymph.—Dr. Weiss has contributed some important statistics on this subject to the *Vierteljahrschr. für gerichtl. und öffentl. Medicin.* His observations were made during an outbreak of smallpox among the war-prisoners at Alt-Damm in December, 1870, and January and February, 1871. He first vaccinated three children with lymph mixed with glycerine, brought from Berlin. The lymph taken from these children

s mixed with glycerine; and, from uary 16th to March 6th, he revacci- ted with the diluted lymph 5801 men, operation being successful in 1586 es. All the subjects had been vacci- ted in youth, many two or three times; d in 4023 there were distinct cicatrices. om November 21st to January 21st, ong 2687 men, there were 72 cases of allpox, with 7 deaths. After the re- cination, from January 25th to April h, among 8851 men, there were 195 es, with 22 deaths; viz., among the cessfully revaccinated, 6 cases, no ths; among those in whom revaccina- n did not succeed, 25 cases, no deaths: ong the unvaccinated, 164 cases, with deaths. Dr. Weiss mixes the lymph m the arm with five parts of glycerine the same quantity of distilled water. says that, placed in bottles covered h bladder, it remains good for a long e.—*British Med. Journal*, Dec. 23, 1873.

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Smallpox and Vaccination in Hamburg. Smallpox has been raging fearfully in amburg lately. The following are the icial statistics with which we have been rnished. They indicate, as usual, the eat extent to which vaccination, even hen imperfect or partially worn out, pro- cts from death and modifies the disease, the cases where, from want of complete recent vaccination, it has not afforded entire immunity. The numbers are: ccinated, recoveries 2954, deaths 347; vaccinated, recoveries 10, deaths 700. *British Med. Journal*, Dec. 23, 1871.

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Smallpox in Dublin.—It is stated, on a mputation of cases that have come to e knowledge of the authorities, that ven hundred cases of smallpox existed Dublin on Saturday last, December 16th. wing to the difference of opinion as to vaccination which exists among the ofession in Dublin, the public have not nerally adopted this precaution. Very any infants have been found unvacci- ted by the City Dispensary medical ficers in houses, and even in rooms, and metimes in the same beds, with persons suffering from the disease. The general rule in such cases has been to vaccinate ll such unprotected children immediately; and this step has been generally followed by prevention or diminished severity of the disease.—*British Med. Journal*, Dec. 23, 1871.

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Cholera.—This disease has broken out at Medina, and between September 21 and October 4 (twelve days) 773 deaths took place; all the caravans from Medina to Mecca were consequently compelled to perform quarantine before being allowed to enter the latter city. Cholera is now, however, reported to be present in Mecca; and though Jeddah is yet free from the disease, all arrivals from that place are treated as if suspected of cholera. A cholera death is reported at St. Jean d'Acre in a passenger from Constantinople. Cases have also occurred at Samsoon (though not since November), at Galatz (which is stated to be in a bad sanitary state), at Amol, a place in the neighborhood of the Caspian Sea, and at Astrachan. —*British Med. Journal*, Dec. 23, 1871.

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Oxyhydric Light.—An interesting experiment is in progress (*Lancet*, Nov. 11, 1871) at the Crystal Palace, which is now lighted with the oxyhydric light. The advantages offered by this light are great steadiness, whiteness, and power. It is as superior to common gas-light as that is to a farthing dip. It is produced by effecting combustion by means of pure oxygen instead of by atmospheric air. The great novelty is the mode of preparing the oxygen—viz., by means of manganate of soda, which substance, when alternately heated in air and steam, acts as a carrier of oxygen. Hitherto, the bar to the practical applications of pure oxygen has been the expense of obtaining it; but the new process, which uses up no materials (only the coal necessary to heat the retort and to boil the water), has rendered pure oxygen a very cheap gas. Should the new light become general—and there is a fair chance of its becoming so—we may expect fewer weak eyes.

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The whole work is altogether one of the most instructive we have ever had occasion to peruse, as it could hardly fail to be when it contains the essence of the life-long experience of such a man as Dr. C. J. B. Williams.—*Edinburgh Med. Journal*, Nov. 1871.

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We have been very much pleased by our perusal of this little volume. It is the only one of the kind with which we are acquainted, and practitioners as well as students will find it a very useful guide; for the information is up to the day, well and compactly arranged, without being at all scanty.—*London Lancet*, Oct. 7, 1871.

We think, too, that it will be useful in stimulating the desire to pursue the study of pathological histology; a study which has languished for the want of the necessary schools and text-books.—*National Medical Journal*, Jan. 1872.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Hæmoptysis. Delivered at St. Thomas's Hospital, by THOMAS B. PEACOCK, M.D., &c., Senior Physician to the Hospital.

GENTLEMEN: There are few affections which the practitioner is more frequently called upon to treat, and none which offer greater difficulties in the selection of their treatment, or are more alarming to the patients and their friends, than hæmoptysis. I have therefore thought that a few remarks on the subject would be not without use and interest to you, and the more especially as we have, during the summer and recently, had cases in the wards which bear upon several of the points on which I propose to speak.

Under the term of hæmoptysis, however, I must be understood to refer to cases of hemorrhage proceeding from the substance of the lungs or bronchial mucous membrane, not to cases in which blood is poured into the tubes from the sac of an aortic aneurism.

Hæmoptysis, thus understood, may occur under the following different circumstances: 1st. When there is considerable vascular excitement or active inflammatory action, while the loss of blood, instead of being, as in ordinary cases of pneumonia, a mere tinge, is entirely disproportionate to the amount of inflammation which exists; 2dly. When it arises in connection with extreme congestion, temporary or permanent, of the lungs; 3dly. When it occurs without having been preceded by any decided exciting cause, or after the operation of only some slight cause, and in persons who, though they may be at the time in good or average health, are predisposed, either hereditarily or otherwise, to consumption; 4thly. When it arises in persons who are already the subjects of

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disease in the lungs to a more or less marked extent.

The symptoms of the disease, the course which it is likely to run, and, to a considerable extent, the treatment which it should receive, will vary in each of these different forms.

The first form of hæmoptysis is generally seen in persons who have been much exposed to cold or damp, or to the two combined. I have known it occur after bathing, and in persons who had sustained hardships during stormy weather at sea. In these cases the hæmoptysis is not generally profuse, but the blood which is expectorated is very viscid, probably from containing a large proportion of fibrin, and is mixed with the products of inflammation. The inflammatory action may affect chiefly the cells of the lungs or bronchial mucous membrane, but more frequently the whole substance is more or less involved. The hemorrhage which occurs in acute plastic bronchitis, on the separation of the exuded false membrane, affords another example of this form. I have not myself seen any case of the kind, but various instances are on record, and I may particularly refer to two cases mentioned by Sir Thomas Watson. In this form of hæmoptysis, in addition to the signs caused by the presence of blood in the lungs, there will also be the usual evidences of bronchitis or pneumonia, together with the furred tongue, the flushed face, the dry skin, and the increased temperature which attend these diseases.

The second form of the affection occurs in connection with mitral obstruction and regurgitation, and especially with the latter, and is usually combined with pulmonary apoplexy. The blood expectorated in these cases is generally dark-coloured and airless. It is not brought up in large quantities, and is usually combined with other secretions, such as are thrown out in cases of chronic bronchitis, bronchopneumonia, and œdema of the lungs. Blood also is expectorated under similar circumstances in cases of imperfect expansion of the lungs combined with deformity of the spine.

The third and fourth forms of the affection are those which are of most common occurrence. In the first of these the expectoration is often very profuse, and the blood at first brought up is very fluid and contains much air. Subsequently it is often coagulated, dark-coloured, and airless. The expectoration rarely occurs to a marked extent at first, but generally there is a little blood brought up, perhaps only a few drops or a teaspoonful of fluid blood, or a small coagulated mass; and this may be followed, after an interval of a few hours or a day or two, by a similar but larger expectoration, and that again perhaps by a very profuse hemorrhage, which takes place rapidly, so that the patient will expectorate the blood constantly for some minutes or hours. Generally an expectoration of this kind arises after some failure of health; the patient has been languid or feeble, and his appetite and digestion impaired, suffering from a little cough, with or without expectoration, and has been noticed by his friends to be falling away in bulk for some little time. Under these circumstances, the first expectoration may occur without having been preceded by any obvious exciting cause, or only after some slight exposure to cold. In other cases, the hemorrhage occurs in persons quite in good health, and then generally follows the operation of some decided exciting cause—playing at cricket, football, or rowing, or lifting heavy weights; or it takes place in persons of dissipated habits after a debauch. It is rare that an expectoration of blood occurs suddenly, and equally suddenly ceases. Generally after the bleeding has come on somewhat gradually in the way described, and has continued for hours, or a day or two, it ceases, either entirely or partially, and recurs again, though to a smaller extent, in some hours, or in two or three days, or a week; and generally in the interval, and after the final cessation, blood, evidently of old date, is expectorated. Should a copious hemorrhage of bright blood suddenly occur, and equally suddenly cease, it will most probably have proceeded from the sac of an aneurism which has formed a connection with the trachea or larger bronchial tubes. During the process of cessation the sputum generally

continues bloody for some days, either the whole mass being more or less deeply tinged, or the matters expectorated consisting partly of bloody sputum and partly of ordinary bronchitic or pneumonic expectoration, having a more or less dark colour. Very often the sputum, especially when the hemorrhage has been profuse, is very offensive to the smell. Occasionally, when there has been large loss of blood, after some time has elapsed, the patient will cough up a distinct moulded and partly decolorized coagulum, or, as it was termed by the older pathologists, a "bronchial polypus."

The results of stethoscopic examination vary in these cases. Supposing the lungs to have been previously free from disease during the active period of the hemorrhage somewhat small crepitation is heard, though the sound is less fine than that which indicates the first stage of pneumonia, and the resonance on percussion will be little, if at all, impaired. Supposing the hemorrhage to go on, and the blood not to be entirely expectorated, a portion of the lung, generally under one clavicle, becomes consolidated; the movement of the parietes is almost entirely abolished; there is entire dulness on percussion; and the respiratory sounds are almost absent, or there is decided bronchial respiration. This dull space may be very extensive, occupying, perhaps, the whole of one upper mammary region, and generally, but not invariably, around the margins of the dull space, crepitation of a more or less fine character is heard. Subsequently, as the blood is expectorated or absorbed, the air again enters into the consolidated portion, and sounds similar to the returning crepitation of pneumonia become audible. I have occasionally known the anterior portions of the chest to yield a peculiarly clear note on percussion—to become, indeed, quite tympanitic, while the chest movement is almost abolished, and the respiratory sounds are nearly inaudible. The explanation of this peculiar condition is, I think, to be found in the obstruction of the posterior part of the lungs by the extravasated blood gravitating to the back as the patient occupies the recumbent position, and so causing the air more fully to inflate the anterior portions, while the obstruction in the tubes prevents the escape of the air which has entered into the distended cells. When, after a time, the removal of the blood from the posterior part of the chest allows the air again to enter into these portions of the lung, the undue inflation of the other part ceases, and the respiratory movements and sounds return without the occurrence, perhaps, of any crepitation, or any other morbid sounds, being heard in the inflated portion of the lung. Of course, after an attack of this kind there is more or less constitutional disturbance, for not only is the respiratory process interfered with by the extravasated blood, but there is also a rent in the substance of the lung, which is necessarily followed by inflammatory action: hence, the pulse is quickened; the breathing rapid and short; there is a troublesome cough, often both severe and frequent; and the temperature is raised. As these attacks generally occur in persons of debilitated habit, they are attended by considerable prostration of strength, the fever has a tendency to assume the hectic type, characterized by a low temperature and great feeling of exhaustion in the morning, and by marked increase in heat and aggravation of all the symptoms at night.

It has been thought that hemorrhage of this kind is necessarily connected with some deposit in the chest, but I am well convinced that it is not always so. I have seen cases in which the hemorrhage has proved fatal, and no appearance of tubercle has been found in the lungs; and, judging from clinical experience, I should regard such an occurrence as not uncommon; certainly cases of hæmoptysis are not unfrequently met with in which the lungs, if not absolutely sound, do not present evidences of material disease.

The last form of hæmoptysis is also of very frequent occurrence. In this the hemorrhage is not generally profuse; often it only amounts to some streaks or specks in the sputum, or to the expectoration of a few masses of deeply tinged sputum or of blood; but it is generally

of this description, because the blood-vessels in the neighborhood of cavities in the lungs are ordinarily occluded by adherent coagula. Occasionally, however, a large expectoration of blood takes place where there is decided disease of the lungs. Thus, in some cases, in consequence of the formation of a small cavity in the neighbourhood of one of the large branches of the pulmonary artery, the coats of the vessel, being deprived of support, become expanded, and so a small aneurism is formed, which giving way allows a large escape of blood to take place. This, I believe, generally occurs in early and rapidly progressing phthisis. In other cases of advanced phthisis copious hemorrhage may also occur from a vessel, probably only of small size, giving way. The blood oozing from it gradually fills the cavities, and is then expectorated in large quantities, simulating the sudden outpouring of blood by a large vessel. In cases of this description the physical signs will differ from those in the second form, as, in addition to those which may result from the outpouring of blood, there will be evidence of more or less previous disease in the lungs.

The immediate sources of danger in cases of hæmoptysis are—first, shock or syncope from the sudden and rapid occurrence of profuse hemorrhage in a healthy person, or from the escape of smaller quantities of blood in a person previously in delicate health or the subject of disease; and, secondly, apnœa, from the accumulation of blood in the lungs which the patient is not able to expectorate. It is, however, rare that the quantity of blood discharged at one time is so great as to destroy life by the shock which it occasions, if the attack occur in a person previously healthy; but in those who are the subjects of disease and already much reduced, such a result may readily ensue. So also the engorgement of the lungs from inability to bring up the blood which is thrown out, and consequent death from apnœa, is more likely to occur in a person previously phthisical. Most generally, however, death is the result of a combination of these causes, aggravated by the alarm which the hemorrhage creates; and thus patients often die after comparatively small losses of blood, and in whom there has occurred but little bleeding into the lungs.

The more remote sources of danger are—first, gradual sinking from repeated small losses of blood; secondly, the development of low inflammation affecting the mucous membrane of the bronchi, or the substance of the lungs, and more generally both; and, thirdly, at a still more distant period, the supervention of phthisis. Of these the second is, perhaps, the most frequent cause of the fatal result. It often happens, in cases where the patient has sustained very large losses of blood but where the tendency to hemorrhage appears to have subsided, that after a few days have elapsed inflammatory symptoms supervene and rapidly carry off the patient. In all cases, as there is necessarily some injury to the texture of the lung, inflammatory action must, however, ensue to a greater or less extent, and often there is a more general congestion of the lung, probably due to chill and exposure.

The prognosis in any given case of phthisis must be founded on the following considerations: 1. On the amount of blood which has already been lost, the degree of prostration which it has occasioned, and the ability of the patient to sustain a further hemorrhage should it occur. 2. On the condition of the lung as affected by the hemorrhage which has occurred, and the facility with which the blood effused has been expectorated. 3. On the previous state of health of the patient, as rendering it probable that the lungs were before in a healthy state or more or less diseased. 4. On the family and personal history, as indicating the existence of a predisposition to phthisis, which may entail danger of the supervention of that disease, even though the hemorrhage has been very slight, and the lungs at the time of the attack were entirely free.

It is often very difficult, when the practitioner is called to a patient who is spitting blood, and with whose previous state he is unacquainted, to ascertain the con-

a of the lungs before the occurrence. engorgement of a portion—most rally the upper part—on one or sides, may give rise to all the signs onsolidation, and may lead to the usion that the patient was labour- under serious disease before the oc- nce of the hemorrhage; yet this usion may be incorrect. With the ress of the case the signs may wholly pear, and the patient may entirely ver, with little or no evidence remain- f any disease of the lung. On the r hand, the peculiar inflation of the rior part of the chest, consequent rently on the engorgement of the rior portions, may entirely cover ulness on percussion, which would rwise have been occasioned by a ed deposit of tubercle or other kind nsolidation. If, however, the loss lood has been small, and the patient t little reduced by it, a very cautious nosis should always be given; for at time, when least expected, a repe- a of the hemorrhage may occur; and ses where there is reason to believe the lungs were sound previous to the k, and where the predisposition to sis is but slight or altogether absent, disease may, nevertheless, sooner or occur. Of course, however, the diate danger is greater in proportion e extent of the hemorrhage and the ee of prostration, and the ultimate er of the supervention of consump- or of the aggravation of any disease h exists is equally increased by causes and by the existence of a ed predisposition to the disease. cases, however, does phthisis more y and rapidly supervene than when ted attacks of hemorrhage occur at intervals, though the amount of lost in each attack may only be l.

is evident that the treatment which d be adopted in cases of hæmoptysis vary considerably according to the mstances under which the discharge od occurs. In the first form of the tion, or that in which the hemorrhage rs in connection with considerable lar excitement or actual inflamma- tory action, the treatment must be chiefly directed to the relief of that condition: though it may be necessary to employ remedies calculated directly to arrest the bleeding in conjunction with such treatment, or after the excited action has subsided. In such cases, therefore, we must employ sedatives, together with remedies that reduce the condition of the blood, and promote elimination, especially by the skin and kidneys; and I believe, though I have not myself of late years adopted the practice, that general bleeding to a moderate extent would in cases of this kind be often beneficial.

In cases in which the blood is expectorated from the rupture of vessels very greatly distended in consequence of obstruction to the flow of blood through the lungs, in connection with mitral valvular disease or otherwise, the loss of blood is not generally so large as to be in itself very important, though the lungs are often still further embarrassed by the infiltration of the blood into their tissue. In these cases the attention must mainly be directed to relieve the condition upon which the disease is primarily dependent. We should chiefly employ eliminants, so as, by promoting the flow of the urine and the secretion from the alimentary mucous membrane, to lessen the amount of the circulating fluid and relieve the general congestion. It is questionable whether in some of these cases the greatest relief would not be obtained by blood-letting to a moderate amount. This I have two or three times tried, and certainly in one case with very striking benefit. Most generally, however, the indication is to be carried out by the use of purgatives and diuretics combined with medicines calculated to give tone to the muscular structure of the heart. It is in these cases that digitalis is often found eminently useful, acting as it does as a diuretic, and, if not too long continued, giving strength to the pulse, and reducing its frequency. On this subject what I have said elsewhere has been somewhat misunderstood. I cannot doubt that the first effect of the exhibition of digitalis is to quiet the action of the heart and arteries, but I feel well convinced that this effect

is only of temporary duration, and that, if the remedy be long continued, it exercises a generally depressing power, under which the pulse again rises. I believe digitalis to be eminently useful, partly by its sedative and partly by its diuretic action, especially in those cases in which, with mitral incompetency, there is dilatation and weakness of the left ventricle, giving rise to great irregularity in the action of the heart, and generally combined with dropsy.

In reference to the third and fourth forms of hæmoptysis, they are mainly to be met by sedative and astringent treatment.

In all cases it is of the greatest possible importance that entire rest and absence of all excitement should be enforced; and this whether the hemorrhage be only slight or more copious. It must be borne in mind in cases where for the first time a small hemorrhage occurs, that such often precedes the outpouring of a large amount of blood, and every precaution should therefore be taken. It is also desirable that these precautions should be continued for some time, as it is quite impossible to say when the hemorrhage may not recur. After copious hemorrhage it is better not to disturb the patient for the sake of obtaining a good examination of the chest; the information so gained may be very valuable as furnishing the basis of a correct prognosis, but it may be gained at too great a cost. I have seen the discharge of blood brought on by simply raising the patient so as to examine the chest, and a fatal result all but occasioned. For the immediate checking of the hemorrhage, the spray of tincture of perchloride of iron is often very useful; and the presence of the medical attendant, and his calmness and composure when the friends and attendants are in the greatest alarm, will often do much to encourage the patient, and to lessen the loss of blood which would otherwise be sustained.

The remedies to be applied must vary with the nature of the case. If the hemorrhage be only slight, and the patient previously in good health, mild astringents, with slight sedatives, such as the sulphuric acid and sulphate of magnesia, may be all that is needed; but, when the hæmoptysis is profuse, the more powerful sedative styptics must be had recourse to, as the acetate of lead or gallic acid, and especially combined with opium to quiet the nervous excitement. In cases, on the other hand, in which the patient is previously feeble or much reduced, the more stimulating astringents, as the oil of turpentine, must be employed. The food given must be mild and unstimulating, but nutritious, for few persons who suffer from hæmoptysis are really robust and capable of bearing much reduction. The food also is generally given cold or cool, and it is probably best to do so; but I am not satisfied that much benefit results from swallowing ice. It cannot, I think, exercise much constringing on the vessel which is bleeding in the lungs, and may cause gastrodynia or diarrhœa. Still less do I approve of the application of cold water or ice to the exterior of the chest. It seems improbable that such application can have much effect in checking the hemorrhage, while it may, by increasing internal congestion, promote it; and it must certainly, by chilling the patient, be liable to cause inflammation of the lungs, which, it has been before said, is very apt in all cases to arise after pulmonary hemorrhage, and not unfrequently occasions the fatal result.

Whatever be the course of treatment which it is thought right to adopt at the commencement of an attack of hæmoptysis, sooner or later it is generally necessary to have recourse to more stimulating and supporting measures. Thus, if the hemorrhage continue, in place of sedatives the stimulating and tonic styptics must be given in combination with more decided support and the diffusible stimulants. It is often difficult to decide when the time has arrived for this change to be made, and it may be necessary to adopt at first a somewhat tentative plan. Thus ammonia may be given, or brandy diluted with water, beef-tea, or thin arrowroot, in very small doses, not more than half a teaspoonful or a teaspoonful, may be administered If the pulse become quieter, there can be no doubt of the

propriety of continuing the treatment, the doses being exhibited at more or less frequent intervals according to the urgency of the symptoms and the effects produced. I have thus frequently seen hemorrhage checked which was previously but little influenced by the treatment adopted. In some cases, and especially where the hemorrhage takes place into the lungs, and the patient, from weakness or other cause, is incapable of expectorating the blood, stimulants must be given most freely, and form indeed the only chance for the life of the patient. Above all things in such cases the most entire quiet must be enforced. Great care is often needed in exhibiting aperients. I have known alarming and almost fatal sinking caused by their action. The bowels should be relieved, but it is safest to accomplish this by the use of enemata.

In cases of the fourth form of blood-spitting, when there is already extensive and advanced disease of the lungs, and the patient's strength is much reduced, the treatment must be cautiously adapted to the amount of the hemorrhage and the power of the patient. In some such cases the hemorrhage depends upon some temporary congestion from exposure to cold, and, if only to a slight extent, it may be very much left to itself, or even met by some mild eliminating treatment. When, however, the bleeding is at all profuse, powerful stimulating styptics must be given. The support and stimulus which the patient was previously taking must also be very cautiously reduced, or it may be necessary still to continue it, or even to increase the quantity. The most complete absence of excitement must be enjoined.

The after-treatment of cases of hemorrhage rather falls under the course to be adopted for the prevention of phthisis, and has been already alluded to on a former occasion; it is therefore not necessary to dwell upon it at present. I may, however, remark that the danger of the occurrence of subsequent disease of the lungs being superinduced is greater in proportion to the large extent of the loss of blood which has been sustained, the prostration which it has produced, and the evidence of previous disease of the lungs, or of predisposition to phthisis, hereditary or acquired. Great caution also is needed in carrying out the subsequent course of treatment and regimen, that the patient should not suddenly become plethoric, that all active exertion of body or excitement of mind should be avoided, and especially that he should be carefully protected against the influence of cold. It is always desirable, if the patient's circumstances allow of it, that he should spend the first winter following an attack of spitting of blood in a warm climate or warm situation; or, if he be not too weak and be a good sailor and not liable to suffer from sea-sickness, he should take a sea-voyage, so as to enjoy the invigorating effects of fresh air and change of scene, without fatigue or undue exertion. It is undesirable that he should travel much by land, lest he should so take cold or have a return of the hemorrhage; and this is especially to be avoided in countries where, in the event of any serious symptoms supervening, he would be incapable of obtaining adequate medical care and attention.—*Lancet*, Dec. 23, 1871.

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Abstract of a Clinical Lecture on Dropsy. By CHARLES MURCHISON, M.D., Joint Lecturer on Medicine at St. Thomas's Hospital Medical School, etc. (Delivered at St. Thomas's Hospital Nov. 2, 1871.)

After noticing the general nature of dropsy, and tracing it to the osmotic circulation constantly going on in the tissues of the body, and between the vascular system and the serous and mucous membranes, Dr. Murchison said that the causes of dropsy may be reduced to two heads—(1) excessive venous repletion, and (2) diminished exhalation in one part of the body, leading to compensatory exhalation in another. There are some other causes, he said, which you will find mentioned, and which may contribute to the existence of dropsy; one of these is an altered condition of the blood. No doubt this may assist in the production of dropsy, as in anæmia or hydræmia, when the blood passes more easily through the membranes than in the state of health; still,

in the dropsy of anæmia, you will find the heart at fault mainly; there is a deficiency in its propelling power. There is a general impression that, in renal disease, the dropsy is due to an altered state of the blood; but I shall give you some reasons for a different conclusion—that the dropsy from kidney disease is to be explained by the second general cause which I have mentioned. Some writers speak of dropsy as sometimes having a nervous origin; and cases of dropsy, associated with paraplegia, and even with hemiplegia, have been recorded by Dr. Laycock, of Edinburgh, in support of this view. But this cause of dropsy is certainly far from common. It is very important to remember the two main causes of dropsy, for the key to the whole treatment depends upon them.

Dr. Murchison then divided the forms of dropsy, from a clinical point of view, into three: 1. Partial dropsy, or dropsy limited to one part of the body throughout its course; 2. Dropsy which is first partial, but becomes general; and 3. Dropsy which is general from the first. The first form is due always to excessive venous repletion; and this over-distension of the small veins is the result of some mechanical impediment to the venous circulation. Dr. Murchison illustrated this by various examples, and called particular attention to the clinical characters of the dropsy due to obstructed portal circulation, viz.: the beginning of the dropsy in the abdomen; the dyspnœa following, but not preceding, the ascites; the tendency to hæmorrhoids, vomiting, and diarrhœa, or to hæmatemesis; enlarged spleen and varicose veins on the right side of the abdomen. In the second form of dropsy, the swelling begins in the feet and proceeds upwards; and this also is due to excessive venous repletion, from obstructed venous circulation. But here the obstruction is in the central organ of circulation —most frequently mitral disease, or fatty heart, or dilated right side of heart, consequent on chronic bronchitis and emphysema. In the third form of dropsy, the swelling invades all parts of the body at once; and this is due to diminished exhalation in one part, leading to compensatory exhalation in another. This dropsy is almost invariably renal. Albumen is present in the urine. How is it that disease of the kidneys produces dropsy? On this point you will find great difference of opinion among different writers. In some works this question is rather evaded than answered; but the general view is, that in consequence of disease of the kidney, the blood becomes poisoned, and, as the result of this altered condition, the liquor sanguinis exudes. For example, Dr. Owen Rees, in the Harveian Oration, a few years ago, made the remark that the retention in the blood of the urinary salts made the liquor sanguinis permeate the membranes with increased facility. But there is one very important objection to this view of the case—that, if it be correct, it is most remarkable that in the form of kidney-disease, in which of all others there is the greatest tendency to the retention of the urinary salts in the blood, there is little or no tendency to dropsy. I mean the contracted granular or gouty kidney, the peculiarity of which disease is, that the patients often die of uræmic coma and convulsions, with little or no dropsy. We must look, then, for some other cause of the dropsy. It is this: you get a diminished exhalation of water from the kidney; and hence dropsy is chiefly met with in those forms of kidney-disease in which the tubes are blocked up by diseased epithelium or inflammatory products (acute nephritis and fatty kidney).

Dr. Murchison then made some remarks on treatment. In the first place, our great object is to relieve venous repletion, which, in the case of portal dropsy, may be accomplished by purgatives, which cause a watery exhalation from the bowels. Another object is to remove obstructions to exhalation from the skin or kidneys by diaphoretics, warm baths, diluents, and diuretics. Thirdly, you must endeavour to stimulate compensatory exhalation from the skin and bowels. You will also find much good derived from tonics, such as iron.

Several cases in the hospital were commented upon as illustrating the above remarks, and the details were given of two cases now in the wards, viz., a case of ascites due to disease of the vessel, and a

very remarkable case of general dropsy, in which there was no evidence of disease either of the kidneys or of the heart.—*British Medical Journal*, Dec. 23, 1871.

HOSPITAL NOTES AND GLEANINGS.

Cleft Palate.—In this case, admitted into King's College Hospital, there was a fissure of the whole of the soft and two-thirds of the hard palate in a young person. Sir W. Fergusson performed the operation upon the soft palate in the manner which he himself first proposed, dividing the muscles of the soft palate previous to paring the edges of the cleft. Chloroform was administered, and a new form of gag used, which consisted of two grooved plates to fit the teeth of the upper and lower jaws, connected by a horseshoe-shaped spring; this being placed on the teeth of one side of the mouth, was quite out of the way of the operator during his manipulations. Four sutures were employed to bring the edges of the soft palate accurately into apposition. The sutures were passed in the ordinary way; but an excellent plan is adopted by Sir W. Fergusson, who, to facilitate the adjustment of the sutures, uses them of two different colours, passing sutures of the same colour on the same side of the cleft, so that one colour indicates those to be withdrawn and the other those to be retained. In his remarks, after the operation, he referred to the use of chloroform in these operations, and said that the danger of giving much was owing to the loss of sensitiveness of the upper part of the larynx, and the consequent trickling of blood down the trachea and bronchi without corresponding reflex attempts to prevent it. The fact that even after the administration of chloroform some irritation was produced in the larynx and about the palate by the blood, was the cause of the restlessness shown by the patient, but this diminished during the later stage of the operation, when the parts became more tolerant of the cause of excitement in them.—*Med. Times and Gaz.*, Feb. 10, 1872.

Abscess within or around the Sheath of Brachial Plexus, simulating Medullary Tumour; Pus evacuated; Recovery.—J. S., aged 36, a printer's pressman, had suffered for some months from severe gnawing or stabbing pains extending from the shoulder down the inner side of right arm and forearm to the tips of the fingers. He had been treated at other public institutions for rheumatism. He was admitted under the care of Dr. WAITE, who, after inquiry into the antecedent history and occupation of the patient, found that the pain he complained of was deep-seated, and most severe about the neighbourhood of the axilla and supra-clavicular region. The elbow- and shoulder-joints were also at times very painful, which, associated with some pyrexia, probably induced the belief that the patient was suffering from subacute rheumatism. While under Dr. Waite's care, he was treated with bicarbonate of potash, iodide of potassium, and opiates; but the most powerful local and general sedatives failed to procure relief from the severe pains in the course of the nerves. He had little rest day or night—in fact, the nocturnal exacerbations were most severe. Dr. Waite attended him at his own home, and in a week or two after the application of large poultices to the shoulder the pain became somewhat less severe. On tracing up with the finger the course of the ulnar nerve to the apex of the axilla, a firm, hard, deep-seated, circumscribed swelling could be felt, as also in the supra- and post-clavicular regions. The natural inference was that a tumour of rapid growth, implicating and pressing upon the nerves of the brachial plexus, was the cause of the deep-seated pain and pyrexia. Mr. Churchill met Dr. Waite in consultation, and, after careful examination, was unable to obtain any evidence of fluctuation. The rapid growth, the febrility, and the decided increase of pain at night led to the suspicion of inflammatory mischief, although unaccompanied by local increase of heat or tenderness. The tumour was punctured with a large trocar and canula, and about two ounces of pus evacuated. The patient was instantly relieved, but the stabbing pains continued very severe. It was evident that pus was reaccumulating in the sac of the abscess, and about a week later Mr. Churchill made

a more extended incision, and gave free vent to the pus. The scalene muscles near their attachment to the transverse processes of the central cervical vertebræ were included in the abscess, which was now somewhat diffuse. The abscess healed from the bottom in the course of a few weeks, and his health rapidly improved. He was dismissed cured two months later. —*Ibid.*

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Shifting and Recurring Partial Hemiplegia in a Patient suffering from Bright's Disease. —The following remarkable symptoms are supposed by Dr. Nicol, under whose care the patient was, and by his colleague Dr. Bourne, to have been due to a shifting œdema about the pons Varolii.

J. W., aged thirty, suffering from Bright's disease, was admitted into the Bradford Infirmary, with extensive anasarca. His urine yielded more than half its bulk of albumen. After a course of hot-air baths, purgatives, and ferruginous tonics, the anasarca almost entirely disappeared, and the patient was enabled to get about. While in this condition, fifteen days after admission, he had, at midnight, an epileptiform seizure, which terminated in left facial and arm paralysis. He could not speak, but seemed to understand what was said to him. Mustard poultices were applied to the calves, and a catheter had to be passed.

On the following morning he was recovering slowly, and appeared to recollect all that had happened during the night. He spoke with difficulty. He was observed to be unable to close his eyes by a voluntary effort, although the usual winking took place. There were symptoms of lung congestion, for which poultices were applied. In the right axilla the temperature was 97·5°; in the left, 97°. In the evening the patient's general condition had much improved. On the right side the temperature was 97·4°; on the left, 99°. At ten o'clock in the evening another seizure occurred. This time the face was paralyzed on the right side; the eyes were drawn to the left; the power of speech was lost, he seemed unconscious, and yawned frequently. He passed urine in the usual quantity.

By ten o'clock on the following morning he was better, and pronounced simple words with difficulty. The face was not drawn, but the eyes were closed only with an effort. A grain of elaterium with four grains of calomel were placed on the tongue, and an enema of turpentine and castor oil was injected into the bowel. At ten in the evening a copious stool was passed, and in a quarter of an hour more the power of speech returned. It was found that though in the morning he had been unable to swallow, and could not protrude the tongue beyond the teeth, he had taken his dinner well. The bowels were still further freely opened.

The next day, the fourth after the first seizure, urine was passed in usual quantities, and he seemed to be quite well. He was ordered five grains of tannin three times a day, with milk and sherry. He remembered those who had been present during his last attack (several persons being present), and affirmed that he had been conscious of all that passed.

A third seizure followed at half-past one o'clock in the afternoon, after he had partaken fairly of dinner, and ended in right facial and arm paralysis, and partial loss of speech. Extensive dry cupping was practised for an hour; then an enema similar to the last was injected; a copious stool followed in rather more than an hour. The paralytic symptoms rapidly disappeared, and on the same day he was able to sit up in a chair.

On the following (fifth) day he was sitting up dressed; he spoke well, but the right arm was weak. He was ordered four ounces of sherry daily, and continued to take the tannin.

On the sixth day the urine was found to be acid, of a specific gravity of 1.010, and to contain pus-corpuscles to faint milkiness. It yielded rather less than one-half its bulk of albumen. Three days later the patient continued well, and the right arm was steadily gaining power. —*Lancet*, Sept. 16, 1871.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Mortality from Smallpox in Philadelphia.

Week ending	Jan. 27,	. . . . .	177
"	" Feb. 3,	. . . . .	158
"	" " 10,	. . . . .	183
"	" " 17,	. . . . .	136
"	" " 24,	. . . . .	138

It will be perceived by the above that the epidemic of smallpox is abating in Philadelphia. It reached its height in the week ending Dec. 2, when the mortality was 283, since then, with slight variations, it has been gradually decreasing.

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The American Medical Association will hold its 23d Annual Session, at Horticultural Hall, Broad St., Philadelphia, commencing at 11 o'clock A.M., May 7, 1872.

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New York State Inebriate Asylum, Binghamton, N. Y.—The reports of this useful institution for 1871 show it to be in a very satisfactory condition. The number of patients treated during the year was 315, of whom 184 were discharged with great hopes of permanent reformation; 46 were discharged improved, and the present number of patients is 85.

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Geneva Medical College.—The commencement exercises of this college were held Jan. 23d at Linden Hall. The degree of M.D. was conferred upon twelve candidates. With these exercises this institution ceases to exist.

A majority of the faculty have accepted chairs in the "College of Physicians and Sugeons of the Syracuse University." This institution will open for the reception of students some time during the current year.

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Rush Medical College, Chicago.—At the commencement, held on the 17th Jan. last, the degree of M. D. was conferred on 77 candidates.

The annual spring course for 1872 of this school will begin Wednesday, March 6th, and will continue to June 26th.

The Rush Medical College building having been destroyed by the great fire, the faculty, in order fully to maintain the interests of the college and to preserve its advantages to students of medicine, have secured the lecture and clinic rooms of the Cook County Hospital, cor. Eighteenth and Arnold Streets, in which to hold the usual spring course. Having tested the convenience of these rooms during a large portion of the winter term, they feel assured that the instruction will be as thorough and satisfactory as heretofore; and, therefore, confidently recommend that students of every grade avail themselves of their advantages.

As a means of acquiring practical knowledge, the spring course, it is claimed, offers superior inducements; the classes being comparatively small, and immediate personal inspection can be made of all experiments, operations, and demonstrations illustrating the several branches taught.

For further information address the Secretary of the Spring Course, Curtis T. Fenn, M.D., 1155 Michigan Avenue.

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Hamilton on Fractures and Dislocations.—The fourth edition of this work is most favorably reviewed in a very recent number of the *Med. Times and Gaz.* (January 27, 1872). The reviewer concludes with the following remarks:—

"In fine, the book is full of useful detail, is simple in its arrangement, explicit in description, and pleasantly and lucidly written. Its comprehensiveness and trustworthiness, and the facility with which reference can be made to any portion of its contents, make it a safe and valuable work to recommend as well to every practical man as to every earnest student.

"We cannot too thoroughly recognize the merits of the author, who has done so much to justify the fair name obtained by American surgeons."

—

Posthumous Work by the late Prof. Robley Dunglison.—Messrs. Lindsay and Blakiston will publish shortly "A History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century." This work comprises the lectures delivered by the author when he was Professor of Medicine in the Univer-

sity of Virginia, carefully revised for publication by his son Richard J. Dunglison, M.D., so as to present the facts in book form.

—

Editors and Publishers.—It is stated, in an editorial in the number of the *National Medical Journal* for February last, that, the proprietors and publishers of that periodical "having claimed the right to publish matter which the editors did not approve," the latter had withdrawn their connection with that journal.

Drs. Busey and Lee seem to us to have acted rightly in this matter, and to have taken a proper view of the reciprocal duties of editors and publishers. They could not, as honourable men, holding the responsible position of editors, allow the interests of science to be sacrificed to the private interests of the publishers.

The following is the very remarkable statement of the latter (the italics are our own):—

"The cause of the rupture is to be told in a few words. During the month of December an article was handed in, written by a friend and one of our *advertising patrons*, reflecting on a new preparation, introduced by another patron—called "Borobalsamine." The undersigned asked the editors to withdraw it, as it would *materially affect their interests* outside of the journal; but they declined, and promised that the reply of Professor Oldberg should also be published. Upon the presentation of the reply to the editors, they refused the article admission, and thereby materially injured the publishers in their *business interests.*"

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New Medical Journal.—Drs. S. C. Busey and Wm. Lee announce that they will commence, early in March, 1872, the publication of a monthly medical journal, under the title of the *Washington Medical Monthly*. Drs. Busey and Lee will carry into their new enterprise, we are sure, the sympathy and encouragement of their former contributors and subscribers, and we hope they will reap a rich reward from their manly efforts to maintain the honour and independence of medical journalism.

Medical Diagnosis.—Dr. William Pepper will give a course of practical instruction on this subject in the wards of the Philadelphia Hospital, extending from March 20 to June 20. The course will be entirely clinical, and each student will have ample opportunities of familiarizing himself especially with all the branches of Physical Diagnosis.

FOREIGN INTELLIGENCE.

Subcutaneous Injection of Morphia in Cholera.—Dr. John Patterson, Physician to the British Seaman's Hospital, Constantinople, speaks (*Med. Times and Gaz.*, Jan. 27, 1872) very favourably of this mode of treatment. He says: "I do not of course maintain that this treatment is a specific against cholera; I only claim for it that its action is more decided than any other treatment I have seen or practised, and that in the race against death we gain time for further treatment when it is necessary. It is long since I lost hope of the ordinary treatment influencing much the course of the disease, and, after treating more than a thousand cases at various times of epidemic, I am glad to report that this has really been of great service. My colleague, Dr. Werry, speaks equally favourably of the results obtained in his practice."

He gives the following table of his main results:—

	Number of Cases.	Recovered.	Dead.
Treated in the usual manner	10	1	9
Treated by morphia injections	42	22	20
Total .	52	23	29

But, of the cases treated by injection, 8 were perfectly helpless from the first, being *in articulo mortis*, 1 had severe liver complaint, and 1 was far advanced in consumption; so that, in reality, we had 32 cases where the treatment had a fair chance, reducing the mortality to 10 in 32; and of these 10, 1 was 60 years of age, 1 within a few days of her confinement, and 8 hard drinkers.

Xylol.—This hydrocarbon, it seems, has
en used in Berlin in the treatment of
mallpox with good results.
The *Berlin Klinische Wochenschrift* states
at Dr. Zuelzer, of the Charité Hospital,
has administered xylol in cases of small-
pox, with the most complete success. It
is given in doses of from 3 to 5 drops for
children, 10 to 15 drops for adults, every
hour to every three hours: as much as a
teaspoonful at a time has been taken.
The most convenient form of taking it is
in capsules containing 3, 5, 8, and 12 drops
each.
The theory has been broached that xylol
is taken up by the blood, and acts as a
disinfectant. Absolute purity of the xylol
is necessary, as toluol and other analogous
compounds do not possess this peculiar
action, and it seems there are some prac-
tical difficulties in obtaining xylol abso-
lutely pure.
Xylol, or xylene, C_8H_{10}, was first sepa-
rated from coal naphtha by Dr. Hugo
Müller; it is obtained by fractional dis-
tillation until a distillate is obtained of
about 140° C. boiling-point; this is mixed
with sulphuric acid, which dissolves xylol,
forming xylol sulphuric acid; this acid is
decomposed by dry distillation, and the
xylol thus obtained is further purified.
Pure xylol is colourless, it has a faint
odour, somewhat like benzol, but differ-
ent, boiling-point 139° C., sp. gr. 806.—
Med. Press and Circular, Feb. 7, 1872.

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Detachment of the Periosteum in Gunshot Wounds.—M. Desprès, reporting on some cases of gunshot wounds to the Society of Surgery, called attention to the great de-
tachment of periosteum at a distance from the fracture which sometimes takes place, and which he attributes to the concussive action of the ball on the bone, but which others refer to the effusion of blood near the seat of fracture. However this may be, extensive consecutive necroses take place, which may be followed by extensive reproduction of bone. Such detachment easily and almost completely takes place in spite of there being a great number of splinters, and constitutes an additional reason in favour of the precept of never amputating for a comminutive fracture of the leg or arm, however numerous the fragments may be, providing the arteries and nerves are not seriously damaged.—*Med. Times and Gaz.*, Feb. 3, 1872.

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Extracts of Meat from a Physiological Point of View.—P. Müller contributes an important article on this subject—important not only from the valuable *résumé* given of all that is known relative to the chemical composition of meat extracts, soups, etc., but as adding to our knowledge of the physiological effects of such extracts. The paper is divided into three chapters, the first of which treats of the fluid of muscles, soups, and extracts, stating the relative proportions of the several ingredients entering into these, and detailing the researches of Liebig and others in this field. Extracts of meat are shown to be destitute, or nearly so, of true alimentary substances (albuminoids), and to be rich in such nitrogenous substances as are incapable of acting as food. The second chapter deals with certain principles of organic origin, such as creatine, found in meat extracts; and these principles are stated from the accordant experiments of the author and Kimmerich (*Wein. Med. Wochenschrift*, 1869) not to be dynaphorics, like tea, coffee, etc. Further, the ash of extracts of meat is shown to exert a poisonous action upon animals. The concluding chapter treats of the action of potash salts upon the animal economy.

The following are M. Müller's conclusions:—

"1. Meat extracts are neither direct aliments, for they contain no albuminous matters, nor indirect aliments, for their azotised principles do not arrest disassimilation.

"2. In small quantities they may be useful, from the stimulant action of the potash salts which they contain, as these salts aid digestion and circulation.

"3. In larger doses, instead of being useful, they may have an injurious effect. Administered in the course of prolonged illnesses, when the powers are enfeebled by long abstinence, the salts of potash may exert an injurious action, more manifest in proportion to the quantity of chloride of sodium lost by the organism. Far

from favouring nutrition, they may impede it—(1) by the direct action of potash salts upon the blood globules, causing a diminished absorption of oxygen; (2) by the predominance of salts in the serum, which exert no special solvent action on carbonic acid, and do not permit the exhalation of the normal quantity of this gas, and, consequently, the introduction of oxygen.

"4. The physician should always remember that to give these extracts alone is to keep the patient in a state of inanition."—*Med. Times and Gaz.*, January 27, 1872, from *Moniteur Scientifique.*

—

Effects of Alcohol on the System.—Dr. WILKS, of Guy's Hospital, for the purpose of watching more closely the effects of alcohol on the system, has for many years prescribed a medicine which he calls "mistura alcoholica," composed of rectified spirit, tincture of cardamom, and water, to be given at intervals during the day. But it is only in a particular class of cases that it is applicable. For the various ordinary acute and chronic disorders he has used wine and brandy when he has considered them necessary. It has been more especially in cases of atrophy in children and in tuberculosis that he has used this form with the most beneficial results. He believes that he was indebted many years ago to Dr. Sutton (now of the London Hospital) for this method of administering alcohol, and he has continued to use it ever since with very often marked success. When physician to the Royal Infirmary for Children, Dr. Wilks often prescribed small doses of rectified spirit, according to the above formula; but, unfortunately, there is no record of the results. He remembers one case, of a little boy who was said to have marasmus. He lay in bed almost a skeleton, and had taken all kinds of nourishment, with cod-liver oil, in vain. He was then ordered small doses of alcohol four times a day, and rapidly improved, so that in a few weeks he was fat and strong.

Dr. Wilks says he must leave it to the physiologist to determine the action of alcohol in the system; but from the fact of its not being eliminated, and from persons growing fat who partake of it, he has never discarded Liebig's views; certain it is that wasted children often directly improve under its use.

At the present time there is a little boy, aged five years and a half, in Guy's Hospital, under Dr. Wilks's care, who is on this plan. He was admitted in an extreme state of emaciation on Oct. 25th. No disease could be found in him, and he was handed over to the sister of the ward to take charge of, as it was thought his ailments might be due merely to starvation. In spite, however, of good living, with a little wine, he did not improve, and therefore, after being in for about six weeks, on Dec. 15th he was ordered one drachm of rectified spirit four times a day. In a few days he was better. He was soon able to leave his bed, and he has been growing fatter and stronger ever since.—*Lancet*, Jan. 27, 1872.

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Diagnosis of Syphilis by the Microscope.—At a late meeting of the Vienna Medical Society, Dr. LOSTORFER read a paper containing the results of investigations into the nature of the microscopic appearance of the blood of syphilitic patients. The researches have been continued several months in Professor Stricker's laboratory, and, as will be seen, confirmed by no less an authority than that of Hebra, and if further confirmed they will, beyond any doubt, be one of the most important discoveries for practical medicine.

During the last few years several attempts have been made at explaining different diseases, and particularly infectious ones, by the presence of fungous growths in the blood, secretions and excretions, as well as in the tissues of the human and animal body. In syphilis it was particularly the patients' blood which has been searched for organisms of a lower range. The results of these investigations, however, have been negative, with the single exception of Hallier, who describes a fungus, found in different infectious diseases, of that nature which has been called "micrococcus" by the same author. The micrococcus *per se* is not characteristic of any disease, but becomes so—according to Hallier's opinion—in the species produced by artificial cultivation. One of the greatest micrologists (De Bary) has

bjected in a most emphatic manner to allier's method of cultivation—so that has been abandoned by almost all orkers in that direction.

Dr. Lostorfer thinks that the negative esults of blood investigation have been ue to two causes, namely—1. Hitherto early all researches have been made with oo low powers; he is convinced that such nvestigations cannot be made with a less agnifying power than with Hartnack's yepiece No. 8, and the immersion-lens o. 10. 2. All researches have been ade with fresh blood, and the objects oon spoiled by an unfavourable method f preservation. The opinion has, unfortunately, always been prevalent, that what is to be seen in blood must be seen best in fresh blood, but it has been overlooked that things may be so minute as not to be viewed at first, but that they may grow to a visible size.

Under these considerations, Dr. Lostorfer commenced his researches in August, 1871, in Prof. Zeissl's wards for syphilis. The method observed was excessively simple. A small drop of blood, taken from a syphilitic patient, was put as quickly as possible on a clean object-glass, covered, the whole object conveyed to an exsiccatorium, arranged in a kind of Recklinghausen's moist camera, and daily carefully examined with the magnifying powers mentioned above. The result of the first four objects was already positive, and remained so afterwards in large numbers of objects, the blood having been taken from different patients suffering from various, yet unmistakable, forms of syphilis.

During the first two days of investigation nothing could be seen except vibriones, bacteria, and commencing forms of sarcina. In the third or fourth day, however, and, in exceptional cases, after the lapse of twenty-four hours, minute bright corpuscles became visible, some of which remained immovable, whilst others continued in a state of undulation. Some of these bodies exhibited a projection. On the fourth day (exceptionally on the third, fifth, or sixth day) the corpuscles were enlarged in bulk and in numbers. Of those enlarged, the majority had the projections just named, which were undoubtedly a kind of sprouts, which in some cases were larger in size than the corpuscle itself. In the following days the growing continued, so that some of these bodies became as big as, and even bigger than, red blood-corpuscles. Besides these, there were numbers of smaller corpuscles visible, growing and sprouting, some exhibiting one projection, others three or more projections; the latter were sessile, or had a minute pedicle. The corpuscles were by no means all globular, but of different irregular shapes. After eight or ten days a vacuola was formed in the larger corpuscles, which extended over the whole corpuscle, and terminated the further development of the growth. Different fluids, as sugar, Pasteur's liquid, common salt, acetic acid, etc., were not able to arrest the shrivelling of the bodies and further retrograde development.

Concerning the number of corpuscles, it varies greatly in different cases. Whether this be dependent upon the different stage of the disease, cannot yet be said, and must be reserved for further investigation. Dr. Lostorfer has treated in a similar manner the blood of patients labouring under gonorrhœa, diphtheria, eczema, typhus, elephantiasis, and lupus, but never found anything to be compared with the appearance of syphilitic blood. Dr. Lostorfer is cautious enough not to give any opinion as to the relation of the "syphilis-corpuscles," as he calls them, to the disease; whether they be the cause or the result of the latter he pretends not to know, but contents himself to state the facts he has found. After having alluded to a number of patients (and their histories) from whom he had procured blood for examination, he winds up with the statement that he is able in any case to form the diagnosis of syphilis by examining the blood microscopically.—*Med. Times and Gaz.*, January 27, 1872.

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Obituary Record.—Died December 26, 1871, in his 88th year, the justly celebrated ophthalmologist, Professor Jaeger. He was very skilful as an operator, and continued until an advanced age to perform the most delicate operations with surprising precision and firmness of hand.

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A few notices of the previous editions are subjoined.

America has of late years been celebrated for the amount of work done on this subject, and Dr. Thomas's volume is the latest, and, we think, one of the best books on diseases of women published in that country. It is a carefully considered and talented volume, up to the latest information, and especially good as regards the treatment recommended.—*Brit. and For. Medico-Chirurg. Review*, Oct. 1871.

No work on Diseases of Women by an American author has met with so distinguished a success, or has so well merited the favor it has received, and in few books is there less occasion for apology in the preparation of the second edition than in this, yet it is but just to the author that it should be understood, that only six months had elapsed after the issue of the first edition, before a second was called for. We have little hesitancy in adopting Dr. Thomas's views on this subject, as upon most others to which he has given his thoughtful attention. A bold and strong mind in the determination of truth are associated in him with a clearness of statement and graphic power in description, that eminently qualify him to instruct. We therefore very cordially recommend his book to all who wish to pursue this branch of study.—*Baltimore Med. Journal*, Dec. 1870.

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The author has succeeded admirably in condensing into a volume of a thousand pages all the surgical information which the general practitioner requires. The work is fully abreast of the times, and contains all the modern improvements in surgical science which have proved satisfactory in the author's hands.—*Canada Lancet*, Feb. 1872.

Of decided value, and better adapted to the wants of students and general practitioners than any other work of its size that has of late appeared. American surgery owes its thanks to Dr. Ashhurst for his very creditable contribution to the professional literature of the country; a contribution in which he has not failed to make due recognition of the labors of his fellow-workers on this side of the Atlantic; and these fellow-workers will have frequent occasion to avail themselves of the numerous statistical tables which he has elaborated and incorporated in the present volume.—*Cincinnati Clinic*, Feb. 10, 1872.

HENRY C. LEA, Philadelphia.

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RSANT ON SURGICAL DISEASES OF INFANTS, ETC. 16 PAGES.

CLINICS.

CLINICAL LECTURES.

inical Lecture on Infantile Paralysis its Resulting Deformities.

By RICHARWELL, F.R.C.S., Surgeon to Chas Cross Hospital.

ENTLEMEN: Before showing you one vo cases and reading to you certain t extracts from my note-book, it is desirable that I should define the s of malady which I intend to bring re you. Infantile, like adult, life is le to certain diseases of the brain and al cord which result in loss of power ne or more limbs. But, besides these, infant is subject to a form of paralysis ttended by any symptom of illness—tainly of severe illness; and this, the ss of case I propose for your study, ing peculiar to the infant, alone deserves e name of "infantile paralysis." Other ralytic maladies, whether occurring in senility, in the prime, or in infancy, should be classed in the categories of meningitic, myelitic, lead-poisoning, traumatic, or other form of disease. But to enable us to separate one thing from a heap of others, we must have means of recognizing that single object whenever we may see it. Hence there devolves on me the ungrateful task of making a definition out of mere negatives; for the typical, and, in my experience, the common, form of the disease is, that the child should be put to bed perfectly well at night, and next morning be taken up with loss of power over a limb or part of a limb, yet otherwise quite well or only very slightly ailing.

For example: This child, Eva H., aged thirteen (March, 1871), looks extremely healthy, except that she is lame from paralysis of the left leg. Her mother, an intelligent, clear-headed woman, says: "When she was about eighteen months

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old I took her out of bed one morning and put her on the floor to walk. She tumbled down. I thought she was stupid, and put her on her feet again. She fell at once, and I then found her leg was paralyzed. She was not at all ill or fretful, either the night before or that morning; but I think that side of her body was perhaps a little tender."

Agnes P., whom you have often seen, was, when she first came, nine months old, a plump and as healthy a baby as ever I saw, except loss of power in the deltoid of the right arm. The mother says: "Two months ago I took the baby out of bed, and it did not move the arm. I showed it to the doctor, and he said the child must have been hurt. I do believe the girl I had then, lifted it up by the arm; but the baby did not cry either the night before or that morning more than usual. She always cried when she was being undressed and washed. I observed no difference in that, and she seemed quite well."

One more history from my note-book:—

Louisa R., brought to me in April, 1870, when seven years and a half old, with foot deformity resulting from paralysis. Her mother, an active-minded and very acute woman, says that one very hot day, when the child was about eight months old, she was put asleep under a tree on the lawn, and on a damp cushion. The next day she was taken up with the right leg paralyzed. The child had not then any sign of illness whatever, and always has been, with that exception, a strong, healthy girl.

Of such cases and histories I could give you almost an unlimited number. Some attacks may have been preceded for an hour or two, perhaps even for a day or two, by some slight disturbance, fretfulness, a hot skin or mouth, even a slight convulsion. On the morning of the discovery there may be some evidence of pain in the affected limb, some feverish disturbance, and the disease itself may affect a larger or smaller portion of the body. But the more the history and concomitants depart from the type which I have given above, the more any disturbance approaches absolute illness—especially if convulsions have been frequent and severe—the more the stricken region resembles the relationship of hemiplegic or paraplegic parts, the more likely is the case to be an example of myelitis or meningitis, and the less likely to belong to the pure infantile paralysis, which, as you have seen, does not exhibit a single symptom of central nervous disease.

I feel bound to insist strongly on this distinction, because medical opinion has of late years more and more agglomerated around the idea, fallacious in origin and in result disastrous, that all these cases are dependent on cerebral or spinal disease. Heine, Fliess, Laborde, Radcliffe, and many others, have upheld this notion; and I must shortly point out what essential differences separate this disease from spinal affections. But first, as to pathological appearances. Only seven cases of anatomical investigations have been published. In four of these nothing was detected; in one, that of Dr. Fliess (*Journal für Kinderkrankheiten*), was found a congestion which, emanating from the gums of the teething child, was continued on to the membranes of the cord. It need hardly be pointed out that the preconceived ideas which aided this description are more easily comprehensible than the anatomy of the congestion. To the other two post-mortem examinations I must unfortunately also take exception, for the two cases which form the groundwork of Dr. Laborde's treatise, "La Paralysie (dite Essentielle) de l'Enfance," are cases respectively of myelitis and meningo-myelitis, with their characteristic histories and symptoms, and do not belong to the disease under consideration. The absence of illness and of danger to life renders it improbable that morbid anatomy will ever furnish a clue to the causalty of this disease; we must, at all events for the present, be content with studies from life.

The children we have now to do with are not ill, have no severe convulsion, insensibility, nor pain; therefore no disease marked by severe symptoms, such as myelitis or meningitis, can be present. But a congestion of the cord does not give rise to any attack of such suddenness and

severity; it may also be supposed to vanish at death after having produced paralysis in life. There is, too, a certain similitude between congestive and infantile paralysis—such as immunity of the respiratory muscles, bladder, and rectum. Nevertheless, when the condition of a patient with congestion of the spinal cord is compared with a case of infantile paralysis, the observer will not fail to mark a vast difference between the plump limber limbs of the one, and the cold, shrivelled, flaccid muscles of the other. A further investigation into the condition, more especially by various modes of electricity, will render prominent other and more radical differences. A rapid view may best be given by arranging these into opposite columns.

Spinal Congestion.[1]	Infantile Paralysis.
Paralysis incomplete—always at first, and generally throughout the case; it tends, however, to deepen.	Nothing can be more utter and entire than the loss of power at the very commencement; it tends, however, to lighten.
Generally paraplegic in form at the end, if not at the beginning. Usually one leg is attacked first, then the other. The malady becomes more extensive as it goes on.	Paraplegic form is not usual at the commencement, still less afterwards. When the disease has attacked one part, it never subsequently affects another. It is most extensive at its commencement.
Tingling in fingers and toes.	I have never been able to detect the slightest sign of pain or discomfort. In a few cases there is a little and a doubtful increase of sensibility to touch.
Shortness of breath not infrequent.	No alteration ever observed in breathing.
Fluctuations towards better and worse occur in all cases; sometimes these are rather frequent.	No change, backward or forward, ever occurs; if the patient gain a step, he does not lose it again. (Effects produced by treatment are not referred to.)
There is a decided tendency to relapse, even after the patient appears to have got well.	No tendency to relapse. I have never seen or heard of a limb being paralyzed a second time, nor of another limb being the subject of a second attack.
Reflex irritability is, according to some authorities, increased—according to others, decreased.	Reflex irritability is so utterly annihilated as to leave no room for variety of opinion.
No wasting of paralyzed muscles.	Extremely rapid wasting of paralyzed muscles, setting in very quickly after the attack.
No marked impairment in affected muscle of electro-contractility.	Remarkable impairment of electro-contractility—indeed, total loss of response to the induced current.

[1] The symptoms of spinal paralysis are taken from Reynolds's System of Medicine, vol. ii. p. 663 *et seq.*

These differences are very marked, and so important that the first six alone appear to separate nosologically the one disease from the other; but it is to the last three that I would especially direct attention. They are physiologically connected in infantile paralysis. The induced current ceases entirely to call forth any contractions of the paralyzed muscles in from twelve to seventy-two hours. At the same time there is developed an abnormal sensibility to the voltaic current. Now this peculiar behaviour never occurs in cases of central paralysis, but is exactly what happens when a nerve supplying a muscle has been divided; moreover, both muscles—*i. e.*, the one whose nerve has been cut and the one paralyzed by this malady—lose all excito-motor contractility. But when a nerve of a warm-blooded animal is cut, the muscle, at first flaccid, becomes very hard and strongly contracted as long as the wound remains unhealed. When this is well the muscle relaxes. The nearer to the spine be the wound the harder and more contracted will be the muscle, and the less rapid is the loss of sensibility to the induced current. If we divide the nerve close to its entrance into the belly of the muscle we find hardly any rigidity, quick loss of galvano-contractility, and rapid wasting. Therefore, if we could go a little further and destroy the nerve absolutely at its distribution among the muscular fibres, we should, in all probability, carry the above three characteristics of infantile paralysis—namely, flaccidity, irresponse to faradaism, and wasting—as far as they are developed by the disease itself.

It appears impossible to escape the conclusion that infantile paralysis is a

malady purely peripheral, affecting the ultimate nervous fibrillæ of distribution in the muscular elements. I am anxious, gentlemen, that this conclusion be not pushed too far. I am not supposing or imagining any degenerative or structural change in the nerve-fibres as the cause of this malady. The attack is too rapid and too quickly succeeds exposures to warrant such an idea. The essence of the disease probably lies in some subtle derangement of relationship between ultimate nerve and ultimate muscle-fibre; perhaps from some inflammatory, but more probably from a chemical or nutrient change. In after years any amount of tissue degeneration may occur.

Allow me now to refer to a former remark, and to explain its intention. A few paragraphs ago I said that the prevalent notion concerning the central origin of this malady was in its results disastrous, and in saying this I refer especially to the effects produced by loss of time. In the first few hours of the attack the affected muscles are still sensitive to the faradaic or interrupted current. This sensibility rapidly declines, and I am not aware that any use of this force would prevent its extinction. After a time, which varies in different cases, there is established a sensibility to the voltaic or battery current, and it is upon this that we must rely as our chief aid in the treatment of the disease; and a judicious practice, by keeping alive this contractility, preserves the muscle from extreme wasting and degeneration. To wait, with temporizing treatment, or with none at all, until this sensibility is, in its turn, extinct, is the disastrous result of the belief I have combated. Delay in applying the treatment pays a heavy percentage in subsequent difficulty and duration. Very few cases get well of themselves, and tissue change, as evidenced by the wasting, begins almost immediately. If, then, a child, within twenty-four hours of its first attack, do not already show marked signs of recovery, not merely in one or two, but in every muscle, the state of the case should be carefully and rigorously tested by faradization, and again in another twenty-four or forty-eight hours. Any muscle which, at the end of thirty-six or seventy hours, has ceased to respond, or responds more feebly than at the last examination, will not of itself get well, and to delay treatment is in all probability to condemn the patient to a crippled existence. No disease is so obstinate when old; but while still new, few are more amenable to treatment.—*Lancet*, Feb. 24, 1872.

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The Bruit du Diable.—Abstract of a Clinical Lecture by Dr. A. Duchek, Prof. of Medicine in the University of Vienna.—There are to be found murmurs in the heart and veins which do not take their origin in organic changes of the heart and the vessels—as, for instance, with men and animals exhausted by loss of blood and attendant anæmia. In the same degree as the loss of blood and the paleness of the skin proceed, these murmurs appear in the heart and the veins of the throat. If we touch, in severe cases, the vena jugularis with the finger, we perceive a continued vibration, like that of a string. This vibration is not interrupted, as we observe it in arteries, but continued. On pressure on the upper part of the vena jugularis, both the perception of the vibration and the acoustic evidence of a murmur disappear, proving it to be merely venous.

The formation of the sounds in the heart is influenced by two agents: the condition of the valves of the heart and the vessels on the one hand, and by the pressure produced by the blood-stream upon them on the other. As we have, in such cases of anæmia, no symptoms permitting us to diagnose changes in the vibrating mediums, we are induced to seek the origin in the cause itself which produces vibration—namely, the pressure of the blood. In disorders attended by these murmurs (as anæmia, chlorosis, loss of blood), the propulsive power of the heart is unchanged, though its contractions are more numerous, while the blood, either in its quantity or quality, is lessened, and consequently the pressure exercised by it in the circulation is diminished too, so that the impulse given by the blood-column is not sufficient to develop in the valves or the arterial walls the amount of

on necessary for the formation of the d, which under normal circumstances es its appearance in these vibrating iums, but in these cases is lowered the acoustic impression of a murmur. this way we explain the murmur in heart. It is more difficult to find its e in the vena jugularis. Some have ibuted it to the arteries; but this is radicted by its disappearance on pres- on the jugular vein, and by its con- ity. This bruit is modified by two es. It grows stronger at regular rvals, corresponding to the pulse, g strengthened by the sound of the tids; we call these simply moments einforcement. The second cause is respiration, which, when accelerated, uences the murmur.

What is the origin of this murmur? the heart we explain all sounds and murs by vibrating membranes. We ll not suppose that in the veins a whirl lood is their cause, nor the pushing he blood against a narrow entrance. jugular vein behind the insertion of sterno-cleido-mastoideus is wider than where, forming the bulbus. Beneath bulbus are valves in the narrowest t of the vein. These valves have a t important influence upon the whole ulation of blood. The pressure in the ax being too high, they approach one ther, and in this way oppose the her entrance of blood into the thorax. part above them must be, conse- ntly, dilated, as we remark it in cases tagnation in the heart, the jugular vein g distended, and the jugulum growing lually more shallow. The impulse of blood makes these valvulæ vibrate, and es the murmur. When the blood flows rly the impulse is too weak, and no mur- is to be heard, just as a slight touch is sufficient to make a string vibrate ibly. The murmur arises when the ulæ are half opened and put into ation by a sufficient rush of blood. ther peculiarity is to be mentioned. bulbus is attached to the clavicula nd the articulatio-sterno-clavicularis; thus being stretched out, it facilitates flow of the blood. If the pressure in thorax increases, by valvular failures, emphysema of the lungs, &c., the stream flows slowly, and therefore we do not find these murmurs attending disorders of the intra-thoracic organs, and hence the general view that this bruit excludes insufficiency of the valvula mitralis. Another consequence of this fact is, that these murmurs are not to be heard in persons affected by anæmia when they become the subjects of pneumonia, or exudative pleurisy, and that they reappear at recovery. The two necessary requisites, then, are a speedy circulation of blood and a normal pressure of the blood in the thorax. This view affords us also an explanation of the murmur growing stronger when the respiration is more hurried. The thorax being powerfully dilated, the blood rushes in strong streams towards it, strengthening the acoustic impression. When the respiration is impeded, when it must be forced, the circulation loses the necessary quickness, and the vibration of the valvulæ becomes inaudible.

These murmurs are very rarely to be found along with mechanical changes in the heart. They accompany similar murmurs at the ostia, which are always systolic, never diastolic. They may be perhaps diastolic, but only in the most severe disorders of this kind, where it is impossible to distinguish whether there is only one continued murmur or whether the systolic and diastolic murmur meet and run into one another.—*Lancet*, Feb. 8, 1872.

HOSPITAL NOTES AND GLEANINGS.

Ascites Complicating Ovarian Disease.—M. R., æt. 51, widow, mother of seven children, was admitted into the Royal Infirmary, Edinburgh, Nov. 18th, complaining of pain and swelling in the belly, and indigestion. She first remarked the swelling of her belly eight or nine weeks ago; it has increased rapidly since then, and gives rise to pain and inconvenience. Her monthly periods were regular up to the time of the commencement of her present illness, but they have been absent since then.

Present Condition.—The belly measures forty-five inches, the tape being passed

around it over the most prominent part, which is the umbilicus. On palpation and percussion in the usual manner the swelling is found to be caused by fluid, free in the peritoneal sac. No cardiac or other local disease could be discovered to account for the presence of the ascitic fluid.

November 17.—Patient was tapped to-day. Twenty-two pints of fluid of a greenish colour were drawn off. It is found to have a specific gravity of 1020; reaction alkaline; when heated, or on adding nitric acid, it almost entirely coagulates. On keeping this fluid, no coagulum is formed, but a deposit is observed, which, on microscopic examination, is seen to contain round granular cells, varying in size, and generally possessing a nucleus and granular contents. Some of these cells are four times as large as an ordinary red blood-corpuscle. After the tapping, a hard, irregular, nodulated mass is felt, occupying the right iliac fossa, near the site of the right ovary; it is freely movable.

Remarks.—This patient was sent into the hospital, said to be suffering from ovarian dropsy. The great bulk of the fluid, however, was at once made out to lie free in the abdominal cavity, to be what is ordinarily called ascitic. Cases of ovarian dropsy are generally accompanied by some amount of ascites, but in the great majority of them it is trifling, in small quantity. On manipulating over an ovarian cyst, the woman lying on her back, you can generally make out the rounded margin of the cyst-wall, where the dulness of it should end; but the dulness of the free fluid in the abdominal cavity may run into it, and you may thus be unable to distinguish between the two. Place the woman on her side, however, and then the dulness is observed to end at the rounded margin of the tumour, the ascitic fluid having gravitated towards the other side, and what was before dull on percussion is now found to be resonant. Instead of the ovarian dropsy, it was the ascites which predominated in this case. On tapping, it was found to measure twenty-two pints and a half. After tapping was performed, an ovarian tumour was detected, which before was not recognized. The large amount of ascites was probably owing to the disease being, in all likelihood, malignant. Malignant disease seems to cause a great deal more irritation of the peritoneum than simple ovarian tumour. In ordinary cystic disease of the ovary we occasionally observe tubercular peritonitis to be present along with it more frequently than would happen should there be no irritation of the peritoneum, such as is caused by an ovarian tumour. The opinion that the case before us is probably malignant in its character, is founded on the following considerations: 1st. The cachectic condition of the patient—the sallow, anæmic appearance of her face. In advanced ovarian dropsy which is not malignant you have considerable emaciation present, especially about the face, neck, and breasts; but otherwise the general appearance may be healthy. 2d. The feeling and history of the tumour itself. It has a very irregular, hard, nodulated feeling; no big cyst present. There is no definite shape, but merely a series of irregular lumps. It is growing slowly. The age of the patient (51) gives some countenance to the diagnosis.—*Med. Times and Gaz.*, Feb. 17, 1872.

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Bullet Wounds of the Bladder.—Dr. A. E Barker communicated to the Surgical Society of Ireland, Feb. 2, 1872, the following case of this observed in the Klinik of Dr. Busche, Surgeon General in the late war.

P. S., a young soldier, æt. 24, was wounded in the battle of Bapaume, on the 3d of January, 1871. Three balls had entered almost, if not quite, simultaneously in different parts of the right gluteal region. The two lowest openings were about three inches from one another, the third about an inch and a half above a line joining the two lower ones. Two of the balls had evidently left the body, and, strange to say, by almost the same opening in the middle of the left groin, just over Poupart's ligament. The wounds showed that they had made their exit within half an inch of each other, causing in their course injuries to the bladder, for the urine flowed copiously through the

igs in the groin. Whether the third so passed through one of the open- as impossible to say, but it would l be an extraordinary coincidence if ree projectiles entering at such a ce from each other and probably in s directions, should have so con- l as to nearly meet just when pierc- It is, however, possible. Of course g special could then be done, and s simply placed on his side and at- l to in the expectation of seeing the l effects of urinary infiltration set- ı. This was far from being the case, er, and after the urine had been me time flowing off solely through penings in the groin, it began to *per urethram* and the wounds in the al region healed with the several ı in the most healthy manner. The it then left the Lazaret apparently well, but after a considerable space e complained of difficulty in passing . On search being made with a , a hard body was discovered far in the urethra. It was carefully ed with a fine forceps and extracted, ng on examination to be a piece of (probably from the os ilium), about n inch long, and in one part about rter of an inch broad. Fortunately in such a position as allowed of its removal. In this manner within a space of time four similar splinters extracted, each time relieving the lty in passing water, and the man ed a period of rest. After a while, ver, he began to complain again, and ime of pain in the glans penis, with her symptoms of calculus; the urine much altered. On sounding, a tole- large stone was discovered, appa- r of soft consistence, and it now be- a question of importance, as well as interest, Might not the third bullet e nucleus of the calculus? The un- nty and impossibility of determining and at the same time the probability being the case, pointed, of course, e extraction through the perineum ference to lithotrity. As the man's ı was already suffering from the dis- and bad state of the bladder and , it was at once undertaken (Nov. 8, 1871) in the usual manner; but owing to the softness of the stone, and the necessity of grasping it with a small forceps, on account of the prostate being unusually small, the former broke very frequently and slipped, occasioning much delay, the extraction lasting more than half an hour. It was finally removed, however, and the detritus washed out with the irrigator. Then that simple after-treatment, which is always had recourse to here in such cases, and which seems to have so much to recommend its wider adoption, was resorted to, namely: The cut in the perineum washed clean by the stream of water from the irrigator, was allowed to close completely, the legs being brought together, a pledget of charpie moistened in solution of carbolic acid was alone laid over the surface, no catheter or anything else being left in the wound. The patient was then put to bed, lying on his back with his legs flexed on the body and knees flexed over a high pillow, the latter being kept well together, the orders being that whenever he felt the slightest desire to make water he should be helped, in the same position, into a warm bath, and there allow the urine to pass quietly through the opening. The advantages of this method seem so evident, and in all cases were followed by such good results, that they are deserving of mention (if not already known). In this way is avoided the fever produced by the irritation liable to follow from the presence of the catheter in the bladder and wound, the sides of the latter lying together. On the slightest desire to empty the bladder the patient can easily be lifted into the warm sitz-bath, and there do so under water, which has several advantages, first, the air cannot come in contact with either the wound or bladder; secondly, the urine on entering the cut is immediately deprived of its irritating properties, by being diluted and at once washed away, the wound being closed clean by bringing the legs together again. In the same position he is lifted again into bed, the bladder empty, the wound, without having been touched, cleansed from all the pus and urine, and closed from the air. Near the bed of a patient so treated one never perceives the ammoniacal odour

which by those managed in the usual way is commonly present (in spite of the utmost care), owing to the trickling out of the urine and the wetting of the bedclothes. The only dressing required is a pledget of wet lint. The warm bath, moreover, is in itself most beneficial. With this patient things seemed to go wonderfully well; after a few days the water began to come partially through the urethra, and shortly after ceased to come by the wounds, the latter healing rapidly and cleanly. The condition of the bladder also improved very quickly, and the urine soon became normal, so that in a very short time he would be called almost quite well, when he was attacked with an acute epididymitis on the right side. Under ordinary treatment, however, this too passed away in a few days, and the patient left in good health for his home. The calculus was of the ordinary soft phosphatic composition, and did not contain the bullet as a nucleus.—*The Med. Press and Circular*, Feb. 28, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Importance of the Absolute Purity of the Agents employed in Chemical Analyses.—A somewhat striking illustration of this is noticed in the New York *Evening Post*, connected with a case recently tried in the superior court of that city.

The matter in dispute was the right to a "trade-mark" for a certain brand of mustard, and Prof. Doremus (whose name often appears on published "certificates" as an analytical chemist) had testified that mustard contains more than eleven per cent. of starch. The *Post* gives the following account of the subsequent proceedings:—

"Two other analytical chemists, one of them Professor Chandler, of Columbia College, alleged that mustard contained no starch. The evidence was in this conflicting condition when both parties rested, and the case was adjourned until the next morning for argument. In the mean time Professor Doremus applied to the counsel of the defendant to move to so far open the case as to allow him to vindicate by actual experiment in open court the correctness of his statement as to the existence of starch in mustard. The motion was made and granted; and at the appointed time the court-room presented the appearance of a chemical laboratory.

"The Professor, with his assistant, prepared mustard for experiment in open court by pounding the seed in a mortar. He placed the crushed seed in distilled water, and boiled the mixture over a spirit lamp. He then threw some of the solution on sheets of filtering paper, applied his chemical test, and exhibited to the court on the paper the characteristic blue iodide of starch. The experiment was varied in many ways with the same result, and at the end of the testimony many sheets of paper were thus coloured. The demonstration seemed perfect. On Professor Chandler being called to the stand he made experiments which, in his view, demonstrated that starch did not exist in mustard, and stated that he was not satisfied with the experiments that had been made by the defendant's witness.

"'Why,' said the defendant's counsel, 'are you not satisfied with the reaction for starch exhibited by Dr. Doremus on the dozen or more sheets of filtering paper?'

"'I am not certain, to begin with,' said Professor Chandler, 'that the paper would not have produced that reaction without the mustard.' Whereupon the counsel handed to the witness some of the clean paper, and asked him to apply the test to it himself. He did so, and the result was a deep blue, thus showing the illusory nature of the prior tests, and that the experiment was entirely worthless as proof that starch was contained in mustard."—*Boston Jour. Chemistry*, March, 1872.

American Medical Association.—Active measures are being taken by the medical profession of Philadelphia to insure a pleasant visit to their guests at the ensuing meeting of the American Medical Association. The programme, as now arranged, comprises a reception similar in character to the one given in May, 1870 (see *Med. News*, June, 1870, p. 90), by the Biological Section of the Academy of

Natural Sciences, and a promenade concert at Horticultural Hall on Tuesday evening, May 7th. On Wednesday and Thursday evenings, in addition to the usual private entertainments by citizens, there will be given very interesting lectures on the spectroscope, gas microscope, the recent discoveries in electricity and galvanism, etc. And on Friday the members of the Association, with their ladies, will make an excursion to Fairmount Park, and along the banks of the Schuylkill.

A visit to the iron-clads at League Island is proposed.

The Alumni of the University of Pennsylvania and of the Jefferson Medical College will each avail themselves of the meeting being held in Philadelphia to have a reunion.

During the sessions of the Association there will be held in the Hall of the College of Physicians an exhibition of objects of interest and instruction, such as recent inventions and improvements in surgical and obstetrical apparatus and appliances, optical, ophthalmological and other instruments of precision, philosophical and electrical instruments and apparatus, new chemical and pharmaceutical preparations, anatomical and pathological specimens, models, and other means of illustration, and new books, prints, and other publications. The chief design of this exhibition, which it is hoped will be held annually hereafter, is to show the recent progress in, and present status of, these respective branches of knowledge and industry. We earnestly hope that gentlemen who have objects of especial interest or recent origin, in these different classes, at their disposal will at once avail themselves of this opportunity to bring them forward, not only for their own benefit, but for that of the profession generally. Contributions are invited from all parts of the country. Any information wished by gentlemen desiring to exhibit may be obtained by addressing Dr. Wm. Pepper, 1215 Walnut Street, or Dr. F. F. Maury, 1218 Walnut Street, Philadelphia.

—

Philadelphia Hospital, Blockley.—Prof. A. STILLÉ has resigned his office as Visiting physician to this hospital, and the managers have passed a resolution thanking him for the efficient services rendered while connected with the institution.

Dr. JAS. TYSON has been elected visiting physician in place of Dr. Stillé.

—

Graduates in Medicine in 1872.—

University of Pennsylvania . .	88
Jefferson Medical College . .	114
College of Physicians and Surgeons, N. Y.	78
University of the City of New York.	75
Bellevue Hospital Medical College .	129
Ohio Medical College. . . .	87
Miami Medical College . . .	67
Rush Medical College (Chicago) .	77
Med. Dep. University of Buffalo .	84
Cleveland Medical College, Ohio. .	84
Med. Dep. of Georgetown College .	20
Medical College of Virginia . .	12
National Medical College (Washington)	7

—

Mortality from Smallpox in Philadelphia.—

For the week ending March 2, . .	121
" " " " 9, . .	118
" " " " 16, . .	120
" " " " 23, . .	94

It will be perceived from the above statement that the epidemic of smallpox has very materially diminished in this city.

—

The Presbyterian Hospital in Philadelphia.—At a recent meeting of the Board of Trustees of this new hospital the following staff were elected: *Consulting Surgeons*, D. Hayes Agnew, M.D., Saml. D. Gross, M.D.; *Consulting Physicians*, J. L. Ludlow, M.D., J. M. DaCosta, M.D.; *Attending Surgeons*, Thos. B. Reed, M.D., Oscar H. Allis, M.D., H. Lenox Hodge, M.D., Wm. G. Porter, M.D.; *Attending Physicians*, Ellerslie Wallace, M. D., S. Weir Mitchell, M. D., James Markoe, M.D., D. F. Woods, M.D.; *Obstetricians*, Robt. M. Girvin, M.D., John S. Parry, M.D.; *Ophthalmic Surgeons*, W. Wallace Maclure, M.D., Geo. Strawbridge, M.D.; *Pathologist*, De Forest Willard, M.D.

—

Failure of Condurango.—Dr. A. J. STEWART, of Petalumna, records (*Pacific Med. and Surg. Journal*, Jan. 1871) two cases

of cancer unsuccessfully treated by this vaunted specific.

—

"*Jackson's Cough Syrup.*"—It is stated (*Cincinnati Lancet*, March, 1872) that the formula for this preparation has not been uniform, and therefore the Cincinnati College of Pharmacy has recently presented to the Academy of Medicine the following formula as an uniform standard, indorsed by the secretary, Mr. James M. Ayers:—

℞. Fluid extract ipecac ℥ss.
Fluid extract senegæ (℥j Rad. Senegæ to f℥j) ℥iij.
Fluid extract rhei ℥iv.
Syr simplex ℥xxxj
Morphiæ muriat gr. viij.
Ol. sassafras gt. xxxij.
M. ft. mistura.

We may remark that this is altogether different from the preparation made in Philadelphia, according to Prof. S. Jackson's formula.

—

The Western Lancet.—This is the title of a new monthly medical journal, edited by Drs. Eustace Trenor and Herman P. Babcock, of which only the second number, published in February last, has reached us. That number is very neatly gotten up, and contains some interesting papers. We wish this new candidate for professional support success, and welcome it to our exchange list.

—

L'Union Médicale du Canada.—This is the title of a monthly journal published in Montreal, and edited by J. P. Rottot, M.D. The first number appeared in January last. We welcome it to our exchange list.

—

Obituary Record.—Died at Peekskill, New York, Feb. 14, Charles A. Lee, M.D., aged 70 years. Dr. L. was a learned physician and contributed largely to the literature of our profession.

—— at Syracuse, New York, Feb. 18, John Foote Trowbridge, M.D., aged 80 years. Dr. T. was a highly esteemed and skilful physician.

FOREIGN INTELLIGENCE.

On Dyspepsia of Liquids.—Dr. Thorowgood records (*Lancet*, Feb. 17, 1872) several cases which he considers to be good illustrations of that indigestion of liquids which has been carefully described by Chomel in his work on Dyspepsia. The affection, in its fully developed form, he does not believe is common in this country, though he has met with several cases in the course of the last few years. The following is one of them: James M'C., aged 30, a pale, dark, intelligent man, came under Dr. Thorowgood's care, complaining generally of dyspeptic symptoms, and especially of the great uneasiness caused by the presence of any amount of liquid in the stomach. Liquids in the slightest degree acid were most distressing to him, and at times he had attacks of sour pyrosis. He complained much of dryness of mouth, with dry skin and costive bowels, urine loaded with lithates, but free from traces alike of sugar or albumen. No loss of flesh; pulse slow and soft; nothing irregular to be found in heart or lungs; no sort of tumour or thickening about pylorus, but on gently vibrating the stomach, fluid was heard splashing about in it, and this sound could be always produced irrespectively of any liquid having been recently ingested. The stomach was much distended. The early treatment of this case consisted in the use of alkalies with bismuth and various bitters, but no improvement resulted: the only noteworthy feature was the effect of a pill of extract of opium at night, which regulated the action of the bowels so completely that the patient asked for the pill as *aperient* pills. It was afterwards agreed that the patient should drink as little as possible, and take no other medicine than a powder of rhubarb and magnesia every morning. From this time he steadily improved, and after about two months' treatment he appeared to be cured, and was, six months afterwards, still in good health. Dr. Thorowgood considers the dry plan of diet the only one likely to be followed by any amelioration of the symptoms; and until this is tried, no medicine will prove of any service. At times fits of faintness, with irregular action of the heart, are prominent symptoms in these cases of dyspepsia of liquids, the cause being due to the distended state of the stomach. The patient must be

certain amount of thirst as well as he
ın, and take but small quantities of
quids at a time, and not drink for an
our or more after he has taken his meal
' solid food. Weak whiskey and water,
ierry wine, and toast and water, are
mongst the least objectionable drinks;
nd sometimes a small cup of good beef-
a, free from any farinaceous admixture,
ill suit well. One of his patients found
wineglass of good stout to agree well
nd relieve his thirst.—*Practitioner*, March,
1872.

—

Diagnosis of Syphilis by the Microscope.
—In our preceding number, pp. 46–7, we
ave an account of the researches by Dr.
OSTORFER on this subject, communicated
the Vienna Medical Society (Jan. 12,
372). At a meeting of the same society
Feb. 9, the subject was further dis-
ssed. Prof. WEDL contested the accu-
y of Dr. L.'s discovery which would
of great importance if confirmed, but
made some researches which did not
firm them. Dr. Wedl had examined
cimens both of syphilitic and of
lthy blood; and in both he had found
corpuscles described by Dr. Lostorfer.
had shown these to Dr. Neumann,
f. Gruber, and Dr. Blau; and each of
se, having separately examined the
puscles, had recognized them as those
ich had been shown to them by Drs.
infeld and Lostorfer as syphilitic cor-
cles. These corpuscles had a diame-
ranging from 1-5000th to 1-12500th
an inch; their contour was sharply de-
ed, they refracted light strongly, and
l a greenish blue tinge. He believed
m to be oily corpuscles; and this
nion was confirmed by observing par-
es of the same kind in some "mistura
sa" examined under the microscope.
Lostorfer had also described other
es having an irregular form; these
Wedl recognized as portions of the
etion of the sebaceous glands. With
rd to the vacuoles, by which the cor-
les were said to become surrounded,
elieved that they were the result of
structive process. The formation of
oles was induced by the separation
ater, and by carbonate of ammonia,
in septic decomposition of the blood. By heating broken-up human fat with solution of potash, the production of vacuoles could be followed through its stages. The statement that these corpuscles increased in circumference was incorrect. Dr. Lostorfer had probably lost sight of the corpuscles which he was observing, and had seen other larger ones, which he believed to be the same. That Dr. Lostorfer did not meet with the corpuscles until several days had elapsed, might be due to their having been rendered indistinct by the presence of a large number of blood-corpuscles. If the latter had been washed out by a stream of distilled water, the others would without doubt have been at once observed. As to the manner in which these fatty particles came into the blood, Dr. Wedl believed that they were derived from the cutaneous secretions. It was impossible to avoid this admixture if a mere puncture of the skin were made; a vein should be opened and the blood withdrawn through a canula, and even then one could not be sure of obtaining it pure. In coming to the conclusion that Dr. Lostorfer's observation was not correct, he (Dr. Wedl) had kept his eye on the facts, without regard to the person. No one would have rejoiced more than he if the discovery had been proved; it would have been of greater value than the discovery of a new planet; it would have raised the fairest hopes of discovering specific bodies in the blood in other diseases.

Prof. Stricker asked whether the fatty or protoplasmic particles described by Dr. Wedl were identical with those seen by Dr. Lostorfer. To ascertain this, Dr. Wedl should have examined the latter bodies; until this was done, the matter must remain in suspense. The statement of witnesses, that the corpuscles in the two cases were identical, was not a sufficient guarantee; a competent judgment could only be formed by skilled microscopists. He had examined these corpuscles with the best lenses, and did not venture to assert that they were germs or fungi. He had placed a hundred specimens before Dr. Lostorfer, who had correctly diagnosed those taken from syphi-

litic patients, with the exception of twenty doubtful cases. He moved that a committee should be appointed to investigate the subject.

Prof. Wedl said that he would have willingly examined Dr. Lostorfer's corpuscles for himself, had he not been too much occupied.

Dr. Lostorfer asked whether Dr. Wedl had seen the corpuscles in fresh blood. He (Dr. Lostorfer) had expressly stated that they first appeared in four or five days. If Dr. Wedl had seen them in fresh blood, he thought that they could not be the same as those which he had described.

Prof. Wedl replied that the corpuscles were present in fresh blood. The reason why Dr. Lostorfer did not see them was, that they were overcrowded by the red blood-corpuscles.

Dr. Neumann said that nearly four years ago Hallier described structures in the blood in infectious diseases, and also in syphilis; he said that these gave rise to syphilis, and that their most minute elements penetrated the blood-corpuscles and rendered them diseased. These corpuscles multipled by division, assuming the characters of *coniothecium*. Hallier had found them in syphilitic paronychia, in condylomata, and in other manifestations of syphilis; Oklotsch had also found traces of them in the skin as well as in the blood. The importance of such a discovery, if it were established, must be very great to the practitioner, in regard not only to syphilis, but to other contagious diseases. He had therefore visited Hallier, in order that he might learn the characters of the syphilitic microscopic cellule. The result of experiments which he made with specimens of blood from persons presenting various forms of syphilis was, that *bacteria* were developed in the blood-corpuscles of the infected blood, which in no respects differed from those developed under similar circumstances in the blood from other contagious diseases even after so long a period as five months, these organisms multiplied in their own form, and, in spite of the addition of various organic and inorganic substances, no fungi were found. Since Dr. Lostorfer had announced his discovery, he (Dr. Neumann) had made fresh investigations, and found that the corpuscles might be developed in various numbers and sizes in different kinds of blood. He had found them in the blood in smallpox, eczema, etc.; and, therefore, they could not be regarded as a specific indication of syphilis.

Dr. Geber had made examinations of the blood in various diseases, having first made himself thoroughly acquainted with the appearance of the corpuscles described by Dr. Lostorfer. In company with a colleague, he examined the blood of a variolous patient, and found in it corpuscles quite analogous to those presented in syphilis. He was still engaged in experiments, of which he would communicate the results at a future date.

Prof. Gruber had seen the corpuscles described by Dr. Lostorfer and also those described by Dr. Wedl; and he had no doubt of their perfect similarity. If there were any peculiarity in the corpuscles of syphilitic blood, it was too subtle to be detected by the microscope.

The discussion terminated with the appointment of a committee to investigate the subject, consisting of Aulic Councillor Dr. Rokitansky (President); Professors Brücke, Billroth, Reichert, Karsten, and Klob, and Drs. Bausch and Auspitz. —*Brit. Med. Journ.*, Feb. 24, 1872.

The *Wiener Med. Wochenschrift* says that the above committee have been dissolved, the members appointed having declined to perform the duty assigned them.

Digitalis an Anaphrodisiac.—M. Gouvat is publishing, in the *Gaz. Méd. de Paris*, a series of papers on the action of digitalis. In a late number (Dec. 23, 1871) we find the following: "When digitalis or digitaline is administered for some time to a man in full possession of sexual powers, the latter become gradually weakened, the propensities disappear, the secretion of the liquor seminis diminishes by degrees, and may at last vanish altogether. These results are explained by the antiplastic and lowering action of digitalis. The antiphlogistic properties of the drug are the secret of its good

effect in spermatorrhœa. With women, digitalis and digitaline excite strong, regular, and intermittent uterine contractions, and control metrorrhagia; hence digitalis is employed in exciting abortion. (Tardieu.) It is probable that digitalis acts as an anaphrodisiac in women also; inducing, by long-continued use, impotence and sterility. In men it hinders the secretion of the liquor seminis, and in women it may interfere with the development of the Graafian vesicles, the propagation of the species being thus doubly retarded.—*Lancet*, Jan. 13, 1872.

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On a Form of Fracture of the Bones of the Face, and its Diagnosis.—By M. Dubrieul. Certain injuries of the face are followed by anæsthesia of half of the upper lip. Different theories as to the nature of the accident are held. Jarjavay considers it a symptom of fracture of the malar bone; Richet, of the upper jaw bone, and connects the symptoms with a lesion of the infra-orbital nerve. I have dissected two cases of destruction of the infra-orbital nerve, coincident with the following lesions of the bones of the face. The first died so soon after his injury, without ever passing out of his state of coma, that I was unable to assure myself by experiments that the upper lip was insensible; the other lived for a month and a half, and by many experiments I proved the complete insensibility of his left upper lip; he did not feel the entrance of a pin into that part, usually so sensitive. In his case the infra-orbital nerve was completely destroyed at its exit from its canal; in the first it was divided in the centre of the canal. In both cases there was a marked flattening of the zygomatic arch. In both there was a fracture of the malar bone, above the upper jaw bone, at its outer and upper wall, the internal wall and alveolar margin being left entire. Such accidents are the results of antero-posterior violence, such as a fall upon a pointed object, or a severe blow with a fist.—*Edin. Med. Journ.*, Jan. 1872, from *Gaz. des Hôpitaux*, No. 69, 1871.

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Glue Bandage as a Primary Setting for Fractured Limbs.—Dr. George Ross, of the Montreal General Hospital, states (*Canada Med. Journ.*, Dec. 1871) that the use of the glue bandage has been introduced into the Montreal General Hospital within the past three months. The method of applying the bandage he thus describes: Some good suitable glue is procured—the best for the purpose is Cooper's No. 1 white English glue, or else some of the finer sorts in thin sheets, which are manufactured in this country; it is prepared by first soaking in water for an hour or two, and then melting in a common carpenter's glue-pot; also some fine sheet-wadding, and several rollers made of thin cambric or old worn cotton (new cotton is objectionable, for it will not soak up the glue so thoroughly, and will make a less firm bandage). The limb is then entirely swathed in a thin layer of wadding made by splitting the ordinary sheet in the middle to avoid unnecessary bulk, and then whilst carefully held in position by an assistant, the first roller is applied in the ordinary way; this done, it is smeared all over by a brush, or better still by the hand, with a good layer of the melted glue to which one-fifth part of alcohol has been added to accelerate the evaporation. The second roller is then applied, and in like manner coated thickly with glue. Some strips of bandage, ten or twelve inches in length, are then thoroughly soaked in theglue and placed over the seat of fracture, some vertically and others diagonally, so as still further to strengthen this part. The third roller is finally secured over the whole and covered with a thick coating of glue.

It is necessary now to sling the limb so that the air may have equal access on all sides to dry it. I have found that the outside coating will become quite dry in from three to five hours, when the sling may be removed, but the entire thickness of the bandage will not be found entirely consolidated for about forty-eight to sixty hours. After the lapse of this time, the leg is found to be encased in a perfectly fitting boot, more solid than the thickest sole-leather, and can be moved in any direction without pain. In none of the cases has there been any complaint of pain from the swelling that we might expect to find occur shortly

after a fracture had been sustained. On the contrary, the patients have all expressed themselves as feeling extremely comfortable. As soon then as the bandage has completely consolidated, it becomes necessary to split it down the front from one end to the other. Owing to the extreme hardness of the splint, this is a matter of some difficulty, except in the event of one's possessing a pair of powerful properly-constructed bandage pliers: failing this, however, the simplest plan is to slip a very thin piece of wood beneath it, and then cut on this with a sharp strong knife. Having thus split the bandage from end to end, a number of holes are bored on either side with a brad-awl, and a long tape being passed alternately through these, it is laced up like a lady's corset. The apparatus is then entirely complete, and may remain without being touched until union is perfect. The above description might lead some to suppose that the process was long and tedious, and in consequence objectionable, but our small experience with it in this hospital is such as to make us believe that by reason of its increased comfort to the patient, and of the fact that patients can sooner get up with safety with this than any other form of splint, and that it will never get out of order, and consequently never require re-adjustment, the advantages secured by its employment greatly counter-balance any slight trouble that it is necessary to take to insure its proper application at first.

At this hospital, the above-described method has been put into practice in several cases of simple and compound fracture of the leg, and in all with most satisfactory results. In the majority of cases, the patients were permitted to get up on crutches on the third day from the receipt of the accident. In two, it was thought advisable to make use of a box splint for a few days previous to the application of the bandage on account of considerable swelling and rapid vesication.

—

Artificially induced Epilepsy in Guinea Pigs.—In the course of some recent experiments on the establishment of artificial epilepsy in guinea pigs, Dr. C. Westphal has been over the same ground as that explored by M. Brown-Séquard, and fully corroborates the results at which the latter observer arrived. He adds, however, some new and interesting facts. Thus he found that if one or two slight blows on the side of the head are given to a guinea pig, they are sufficient to bring on an epileptiform attack, after which the animal again recovers its liveliness, or it remains heavy for some time, and then exhibits a kind of rotatory movement, like those shown by Schiff to occur in rabbits after lesions of the crus cerebri. If the blow be too violent, the animal dies with or without convulsions, but always with arrested respiration, the heart continuing to beat for some minutes, and life may be preserved, though usually only for a time, by artificial respiration. If the animal survives the blows, a similar epileptigenic zone is created as in the guinea pigs treated on M. Brown-Séquard's method by lesion of the medulla oblongata at certain points, or section of the sciatic; and, as in these last cases, the zone is near the angle of the lower jaw. Before the zone is well established, and four weeks are usually required for this purpose, the animals betray the presence of some irritation at this part by frequently scratching it. After it is established, slight pinching will induce tonic and clonic spasms, though the sensibility of the skin is here diminished. The rapidity with which the zone can be established may be increased by striking the animal's head on successive days, and the excitability of the zone endures for a period varying from six weeks to six months. The condition is hereditary. M. Westphal set himself to ascertain the nature of the changes induced by the blow or blows. That the condition is not produced by any alteration in the integuments is shown by the circumstance that the fits occur when the exposed skull is struck. Careful examination of the brain also furnished no clue to the mystery. But on examining the medulla oblongata and spinalis cervicalis, and even sometimes dorsalis, he found small hemorrhages both in the white and gray matter to be

constant occurrence, and there was usually also hemorrhage into the sac of the dura spinalis. These small hemorrhages appear to induce the primary attack of epileptiform convulsions, and the changes occurring around them to lead to the formation of the epileptiform zone; but *how* or *why* is not yet capable of explanation —*Lancet*, Feb. 10, 1872.

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Echinococcus in the Orbit.—An interesting case of this disease was brought before the Medical Society of Vienna at the meeting held on Feb. 9th. It had been originally under the care of Arlt, but was transferred to Billroth. The patient was a boy aged thirteen years. He had suffered for two years from a tumour situated at the outer and inferior wall of the orbit, and which, by its gradual increase, pressed the eye inwards and upwards. The tumour was elastic and somewhat fluctuating. The absence of inflammatory symptoms at any period of its growth precluded the idea of an abscess, and it was imagined to be a vascular tumour of some kind; but on the introduction of a grooved needle, clear fluid alone escaped. It was then regarded as a cyst. Sharp inflammation followed the puncture, and, suppuration occurring, its excision was determined upon. An incision was made over the swelling, which was found to be situated between the periosteum of the orbit and the connective tissue investing the ocular muscles. The cyst was divided, and a vesicle about the size of a hazel-nut protruded, which was soon recognized to be an echinococcus. This makes the fifth recorded case of echinococcus in the orbit.—*Lancet*, Mar. 9, 1872.

—

A Mode of Demonstrating Minute Portions of Sugar in the Urine.—Prof. Seegen states (*Centralblatt*, No. 5) that even Trommer's test is not very satisfactory where small quantities of sugar only are present in the urine, and that it does not detect such amounts so readily in urine as in watery solutions, since the whitish cloud that is formed when sugar is really present is undistinguishable from that produced by excess of uric acid. He finds that a great increase of sensitiveness can be produced by filtering the urine through blood charcoal two or three times successively. By this means not only is the colour removed, but the uric acid is almost entirely retained by the charcoal, and then the reduction of the copper by Fehling's test may be very clearly seen. No quantitative estimate of the amount of sugar present can be made after the urine has thus been filtered through charcoal, as a certain portion is retained in the filter.—*Lancet*, March 9, 1872.

—

Precocious Development.—Fluegel describes in the *Bayr. ärtzl Intell.-Blatt* (No 49, 1871) the case of a female child who died of diarrhœa at the age of five and a half years. She was five feet in height. The incisor teeth had all appeared when she was six months old, and at nine months she had all the molars. At a year and a half old, she menstruated; and, especially in her later years, the periods were tolerably regular. The external genital organs were well developed, without hair; the breasts were full, and the pelvis roomy. The condition of the internal genitalia was not ascertained. As regarded her intellect, she did not appear to be in advance of other children of her age, although she had begun to speak when six months old.—*British Med. Journal*, Feb. 24, 1872.

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Dengue.—A severe epidemic of this disease prevails in and around Calcutta. —*Indian Med. Gaz.*, Feb. 1872.

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Cholera.—This disease has been prevaling in the district around Calcutta, appearing suddenly in a village, carrying off several of its inhabitants and subsiding. The city itself has been comparatively free.—*Ibid.*

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International Ophthalmic Congress.—The Congress will meet, the first week in August next, at the College of Physicians, in London.

—

Obituary Record.—Died in Paris, Feb. 15th, of a diabetic affection complicated with derangement of the liver, M. Laugier, aged 78. This eminent surgeon has for the last eighteen years occupied the chair of clinical surgery at the Hôtel Dieu.

HARTSHORNE'S ESSENTIALS.—New Edition, Now Ready.

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This work is so well known to the profession that an extended notice of it would be needless at the present time. The author has made numerous additions and alterations, in such a manner, however, as not to increase the size of the volume —a circumstance which no doubt is thought to add to its value as a text-book. The new articles occur in the discussion of tuberculosis, relapsing fever, and the therapeutic uses of carbolic acid and the hydrate of chloral, and exhaustive treatises of what is kn subject.—*Philada. Med. Times*, Ja

Although we had to remark on son and a few errors, our opinion of the was very favorable. Of this third i good opinion may be expressed, pleased to find the author has take remarks, and made the corrections we ventured to suggest.—*British Medico-Chirurg. Review*, Jan. 187

This little volume is already well known through its former editions rally acknowledged to be the most c and useful hand-book ever offered sion.—*Chicago Med. Examiner*, De

This book is from one of the able profession. We find it to be decide essentials in governing and directing practitioners in medicine in the ro in combating the various diseases family. It is well arranged under containing the remedies, so far as sc to the present time. A complete lit this kind contains a fund of kn equalled by any similar publicati *worth Med. Herald*, Dec. 1871.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on the Significance of Uterine and Vaginal Discharges. By ROBERT BARNES, M.D., Obstetric Physician to St. Thomas's Hospital, etc. etc.

Discharges of Air.—Air may get into the vagina, if not into the uterus, in the non-pregnant state. In the normal condition the walls of the vagina are maintained in perfect contact, and no air, or probably very little, is admitted. But where the parts are greatly relaxed, the vulva open as when the perineum is torn, the lower part of the vagina is no doubt exposed to the contact of air. But the very condition of patency prevents the retention of the air to such a degree as to lead to its escape in perceptible volume. Air also penetrates where too large a pessary is worn, which keeps the vaginal walls apart. But under peculiar circumstances air enters in large quantity, to be expelled with noise. Dr. George Harley details[1] a curious case in which he carried out decisive experiments to prove the correctness of the diagnosis. A pluripara frequently expelled air from the vagina with a loud noise. It was ascertained that no connection existed between the rectum and vagina. Dr. Harley took a full-sized male catheter, to which was attached a long India-rubber tube with a stopcock at the other end. The catheter was introduced into the uterus, the end of the tube with the stopcock being placed in a tumblerful of water. No air escaped when the instrument was in this position; but, on placing the open end of the catheter in the vagina, an instantaneous discharge of gas took place. The water was found to be sucked up through the tube into the vagina. It was found that the

[1] Obstetrical Transactions, 1863.

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vagina sucked in and expelled the air by spasmodic action. It was further observed that the abdominal muscles assisted in the suction process. The uterus was completely retroverted. This displacement being remedied, and the patient's health improved by tonics, a cure ensued.

If you observe the vagina when the duck-bill speculum is applied, you will see movements of rise and fall under the influence of the rise and fall of the diaphragm. Dr. Adolph Rasch has investigated[1] the phenomena with great care. He says, if a multipara whose genitals are normal be placed on her back, with the thighs flexed and abducted, and the vaginal orifice closed, movements caused by respiration are seen, but no air enters. In the lateral position the same thing is observed even if the vagina is lax, and even when the perineum is ruptured. When the patient is placed in the prone position, or on all-fours, if the vulva be open, air will enter, because the intestines falling downwards by gravity cause a vacuum. Under this condition violent exertion may expel air, giving rise to vaginal flatus. If the abdomen be supported by the hands or by a bandage, no air enters.

There are several interesting applications of this knowledge. It teaches that the best position after labour, if not during labour also, is the dorsal; that the same position is also best in the case of pelvic abscess or hæmatocele discharging into the vagina; and that we must carefully consider this respiratory rise and fall of the vagina when selecting pessaries. It is by turning to account this action that we derive the greatest advantage from the spoon or Sims's speculum. The blade drawing the perineum well back, whilst the semi-prone position of the patient favours the falling forwards of the abdominal viscera, air fills the vagina, counteracts the effect of inspiration, and thus enables us to get a good view of the os uteri. The same position also greatly aids our efforts at reducing inversion of the uterus, and in replacing a prolapsed umbilical cord. In most operations, however, upon the uterus and vagina, when it is of importance to bring the uterus low down near the vulva as possible, the dorsal position, by bringing the force of gravity to counteract the respiratory rise of the uterus, which can further be greatly aided by direct pressure by an assistant's hand above the symphysis pubis, is best.

If we were to follow out in detail the indications supplied by the examination of the discharges, we should be through almost the entire range of uterine and vaginal pathology. This, in fact, is simply the converse proposition to one already stated—namely, that almost every uterine or vaginal disease is attended by discharge. But to adopt the discharges as our point of departure, from which to proceed to study and classify the diseases of which they are consequences, would be a most intricate course, and not the most orderly or profitable. I will therefore not pursue this method further than to give one instance of how we may apply it to clinical analysis. We will at our next meeting take hemorrhage, and sketch what its purport is.

The Watery Discharges.—When these occur, you must first of all determine the presence or absence of pregnancy. It is no uncommon thing that discharges of water, more or less profuse, take place in pregnant women. This is the hydrorrhœa gravidarum. Gushes of water, quite clear, may occur at almost any time during pregnancy; but they are more frequent in the latter months, and especially in the last month. Happening at this time, they are commonly taken as an indication of commencing labour, and many are the false alarms which patient and doctor have to suffer from this cause. "The waters have broke," says the nurse. You go, as in duty bound, and find probably the os uteri closed, nothing resembling active labour-pains. What are you to do? If you wait for labour, you may wait for a week, or two or three weeks. If, on examination by ballottement, you find the child still floats in the uterus, the os uteri not open, and no active pains, you may go home and wait in peace for another summons.

What is the source and nature of this

[1] Ibid., 1870.

rorrhœa gravidarum? Several theo-
ha ve been expounded. The character
he fluid differs in some respects from
: of liquor amnii. It is odourless, and
m bles blood-serum, or the serous fluid
sed in the peritoneal sac. Ruysch and
ler er thought it came from ruptures
ly mphatic vessels, or of hydatids of
uterus; Böhmer thought it escaped
n a second abortive ovum; Delamotte
Cruveilhier that it came from a cyst
r the ovum; Deleurye, Puzos, Naegele,
l Dubois that it came from the inner
face of the uterus, being secreted ex-
nally to the ovum. Dubois says it is
result of loosening of the membranes
m the uterus when the vessels pour out
um. Hegar says the source is the ute-
e glands of the decidua. Thus, he de-
ibes[1] the glands of the mucous mem-
ane as being found in the decidua at
: sixth month of gestation, and argues
.t their sudden disappearance in the
)se quent months is improbable. In a
:e of hydrorrhœa he found in the de-
ua vera, at the beginning of the eighth
nth, an enormously developed glandu-
body. At the bottom of this morbid
)wth was a general hypertrophic condi-
n of the decidua and its glands. These
:e out the excessive secretions. In a
:e related by Dr. Graef,[2] repeated dis-
rges took place, and the fœtus was ex-
led at the end of six months. The
m branes were very delicate, and open-
s were found in them. In this case, it
robable that the fluid was true liquor
nii. In another case the patient suf-
d, during the last three months, from
:ated watery discharges; the uterus
g and falling with the gathering and
pe of the fluid. The membranes were
d without rent. Graef regarded this
case of catarrhal hydrorrhœa.

believe there are various sources. In
e cases the fluid is liquor amnii. This
come either from rupture of the mem-
nes; from rapid transudation under
ssure; from rapid formation and accu-
ation of liquor amnii in the amnion;
rom the bursting of a cyst formed be-
tween the amnion and chorion, or between two layers of chorion, the proper amniotic sac remaining intact. In the majority of cases, however, the fluid is not amniotic; for when once the amniotic sac has fairly ruptured, labour is not far off. It is, then, the result of a rapid secretion from the uterine glands, or from the cervical cavity. In the early months, whilst there is still a free space between the decidua vera and the decidua reflexa, there is a large area of developed glandular surfaces.

I have observed a *puerperal form of hydrorrhœa.* Thus, watery discharges may continue for a month or longer beyond the proper lochial flow. Generally in these cases the water is dirty, discoloured, occasionally stained with blood, and offensive. The most common cause I have found to be the retention of a portion of placenta, or of clots in the uterus; but a polypus may produce like results. The watery discharges alternate, but not always, with discharges of blood. The fluid may, under certain conditions, collect in considerable quantity in the uterus, so that the organ becomes greatly distended before the collection is expelled in a gush.

Sometimes watery fluid is mingled with air, constituting *physo-hydrometra.* This is also a puerperal or post-puerperal condition, and is commonly the result of retention of some portion of placenta or membranes, and the admission of air into the uterine cavity. If an examination is made when the uterus is relaxed after labour, especially if the hand be introduced into the uterus, the vaginal walls are separated from their usual contact, and a channel is formed along which air easily enters. Merely turning on the side, or a little more prone, will often, by favouring the fall of the uterus forwards, produce a vacuum into which air will rush. This is one reason amongst others why I am unable to approve of the abolition of the old-fashioned binder, which some people would condemn for no better reason that I can see than because it is old-fashioned. After labour, especially in pluriparæ, the abdominal walls are so relaxed that they can give no support to the uterus. The binder does temporary

[1] Monatsschrift für Geburtskunde, 1863.
[2] Jenaische Zeitschrift, 1865.

duty for the inert abdominal walls. The history of physo-hydrometra is, I believe, this: a portion of placenta, membranes, or clots remains in the cavity of the uterus after labour; some air gets in as I have described; decomposition ensues, and the gases of putrefaction are added to the air from without, whilst the os uteri is occluded by the placenta or blood-mass falling over it. When this occurs, there is invariably hectic or irritative fever; peritonitis and septicæmia commonly attend; great abdominal pain; the enlarged, distended uterus can be mapped out rising as high as, or higher than, the umbilicus; and resonance is made out on percussion.

One condition, the result of impregnation, often leads to copious and repeated discharges of watery fluid; the *hydatidiform degeneration of the chorion*. In this case the ordinary signs of pregnancy may not be present, and even the patient herself may not think she is pregnant. There is, however, always evidence of enlargement of the uterus, and generally great pelvic distress. The water escapes in gushes at uncertain times; it is often tinged with blood, resembling red-currant water; it has not the offensive odour belonging to the watery discharges of cancer; sometimes, but not often until late in the progress of the case, cysts will be found swimming in the water; it is generally expelled with painful uterine contractions. In a case we recently had in Adelaide ward, the nature of the disease was not at first suspected. There was some abdominal enlargement, retention of urine requiring the catheter, and most distressing pelvic pain with irritative fever. The os uteri was found high up above the symphysis pubis, whilst behind it the pelvic cavity was filled with a large, rounded, firm mass taken to be either the retroverted gravid womb, or a fibroid tumour. One day a large quantity of water, blood, and a mass of chorion-cysts were expelled. We had, in fact, the condition of retroverted gravid womb complicated with hydatidiform or cystic degeneration of the chorion.

Apart from pregnancy, watery discharges are often of grave significance. During and after the climacteric period, the most frequent cause is some form of malignant disease, especially the so-called cauliflower excrescence of the uterus. In this case other symptoms will probably point to the seat and nature of the disease. The fluid discharged is seldom clear; it is generally turbid, dirty, often tinged with blood, resembling water in which flesh has macerated; it contains shreds or flocculi of solid matter, the proceeds of superficial erosion or necrosis of the surface of the diseased growth, and is almost always of a peculiar offensive odour. It often alternates with hemorrhage. Local exploration will place the nature of the case beyond doubt. Another form of malignant disease giving rise to watery discharges is the "oozing excrescence of the labia."

But we must remember that similar discharges may take place from polypus or inversion of the uterus. Hence we have another example of the wisdom of not pronouncing a diagnosis until we have made an internal examination. Water may escape in large quantity from the rupture or perforation of an ovarian cyst into the vagina. In such a case, the rapid concurrent diminution of the abdominal tumour will lead to the right conclusion. —*Lancet*, Feb. 10, 1872.

Abstract of a Clinical Lecture on a Case of Spina Bifida cured by Injection. By JAMES MORTON, M.D., Surgeon and Clinical Lecturer, Glasgow Royal Infirmary.

John K., æt. 2 months, was admitted into the Glasgow Royal Infirmary Oct. 2, 1871, with a tumour opposite the upper lumbar vertebræ, globular in shape, of about the size of a small orange, and presenting the usual appearances of a case of spina bifida. Its covering was thin, so that it was quite translucent; and at the child's birth it was about half its present size. The mother stated that the tumour felt harder and fuller when the child cried. Moderate pressure upon it did not cause much inconvenience or suffering; and the child had never had convulsions, and seemed in all other respects quite healthy; the fontanelles being neither more open nor more full than usual at the same age.

On October 12th, the tumour was punctured with a grooved needle, and rather more than half of its contents—a pale,

ıw-coloured fluid—was removed. It
ı then covered with lint dipped in oil,
: over this cotton-wool; and, to fix
whole and afford a slight pressure, a
ad elastic band was passed round the
st of the child. The sac speedily re-
d, and on the 18th was punctured a
ond time; and again it refilled.

)n October 24th, the tumour had re-
ned nearly its former size; and to-day
ras punctured with a trocar and canula
noderate size. After it had been half
ptied, a small portion—probably nearly
f a drachm—of the following solution
s injected: ℞ Iodi gr. x; potass. iodidi
ʒ; glycerinæ ʒj.

On October 26th, the child continued
ll, having no bad symptoms, and being
ly a little "fractious." In the swelling,
ortion of a soft, solid substance could
felt, rather to one side.

)n November 2d, the mother was al-
ed to take the child home for a day or
; and on the 6th she returned to the
rmary, when it was evident that some
ree of refilling had taken place. The
our was again injected with a small
ion of the same solution. How much
ually entered the sac, it was not possi-
to say. The child, however, continued
e as well as before; and on November
he was brought up and shown to the
cal class, when the tumour was found
e smaller and harder than formerly,
out any appearance of redistention
fluid.

ı December 7th, the child was again
rn at the hospital; and now the swell-
presented the appearance of a shriv-
bag of skin, darker in colour than
adjacent integument, somewhat re-
)ling a corrugated scrotum, and af-
ed reason to believe that there was
complete closing of the opening in
spinal membranes. The health of
child was perfect, his mother affirming
he never was so well and comfortable
e was now.

n January 8th, 1872, the child was
n brought to the hospital, merely to
w that he continued quite well.[1]

[1] This patient was shown to the members of Medico-Chirurgical Society at the meeting on 1st February last.

Remarks.—In commenting on this case before the clinical class, a short account was given of the usual appearances presented by such tumours, and the ordinary coverings and contents were noted. Reference was also made to the deficiency in development of the osseous portion of the spinal canal, as the origin of the name, which of itself conveys no idea of the importance of the contents; and remarks were further made to the following effect: It is in reality a local dropsy, consisting of a collection of serum within the serous covering of the spinal cord; and, too often for the safety of the patient, there is also a portion of the nerve-structure of the cord, which has left its proper line, and lies extended under the serous lining of the sac, just under the skin, running, as it were, round or half round the circumference of the swelling, which is often globular, as in this instance. It is this condition chiefly which renders interference with such cases hazardous, and which presents to the mind of the surgeon the possibility of the nervous matter of the cord being so disturbed as to lead to very violent and dangerous manifestations of the effects of irritation of such tissues, in the form of convulsions, which not seldom terminate fatally. Even when left to nature, the rule seems to be, that the subjects of such malformations die, and that early—within the first or second year. To this, it is well known, there are exceptions; still it is the rule. Attempts are usually made by relatives, under professional advice, to protect the part by the use of hollow cup-like shields, lined with cotton, and most carefully attended to; but the result is disappointment, so far as life is concerned. These tumours are far more common in the lumbo-sacral region than in all the other portions of the spine put together; and this is an example of one in the lumbar region.

Treatment.—Allusion has been made to the palliative or protective treatment, as we may venture to call it; and we now turn our attention to the modes of attempting the radical cure, and give shortly our reasons for adopting the plan which has been so fortunate in the present instance. Though it may be true that ac-

tive surgical interference usually hastens death, yet cases have recovered after various kinds of treatment. The presence of the cord, and the free communication with the serous covering of the spine and the brain, are the chief obstacles to success. Inflammation of the cord or its membranes, or gangrene of the cord, causing paralysis, may occur, speedily ending in death. Even when left untouched, the skin often ulcerates, the sac bursts, and palsy or convulsions cause death. A spontaneous cure has been known to take place, the orifice of communication having closed, the tumour becoming a closed cyst, and remaining innocuous, or it may be removed. Rupture of the sac has even been followed by recovery. Three modes of interference present themselves—injection, ligature, and excision; and of these three modes, it may be said that each of them has been effected by a variety of means and appliances, which it is not my purpose to enumerate at present. Suffice it to say, that I resolved to adopt the first of these, as, in my opinion, the least dangerous of the three. It will be noticed that twice I punctured the sac with a grooved needle, and drew off a considerable quantity of the fluid. These may be called tentative measures, to ascertain whether the membranes could be pierced with safety; and, no suffering or derangement of function having followed, I felt encouraged to use an iodine solution. In forming this solution, I resolved to use glycerine as the solvent; for the reason that it is a fluid of less diffusibility than a spirituous or even a watery solution. Not that I for a moment imagine that it could not be conveyed along the serous cavity or the serous lining of the spine; still, to my mind, it offered one element of greater security. The strength of the solution may be noted; but then it must be observed that, in using it, the sac was purposely only half emptied of its serum when the iodine solution was injected; and of the latter only about half a drachm was actually injected, so that the then iodoretted contents of the sac presented a very dilute solution. When the repetition of the injection was made, somewhat more of the iodine fluid was used; but part of it escaped and was lost, so that, as the report states, it was not possible to estimate correctly the amount retained. A degree of solidification followed the first injection; and after the second it became complete, and now remains so, the part admitting of ordinary handling without inconvenience or discomfort to the child.

A line of treatment very similar to this has been followed by several of the American surgeons, and with instances of success; but statements are discordant in regard to the proportion which the successes bear to the failures. Several British surgeons have also operated successfully in a limited number of cases and by various methods, but most frequently by injection with iodine as the coagulating or stimulating agent; but I am not aware of glycerine having been used as a solvent on any previous occasion, and I may indulge the hope that others may be induced to try it.

From what I have seen of such cases, it is my belief that the fluid should not be allowed to drain completely from the sac: this leads to fatal results; and, where a puncture has been made, the aperture, however minute, may be closed and guarded by a layer or layers of collodion, especially when subsequent oozing is feared or perceived.—*Brit. Med. Journ.*, April 6, 1872.

HOSPITAL NOTES AND GLEANINGS.

On the Value of Observations of the State of the Pupils in the Diagnosis of the Position or Nature of the Lesions in Acute Cases of Cerebral Disease. By HUBLINGS JACKSON, M.D.—In cases of apoplexy, the pupils are always examined; but they are sometimes put down as being "contracted" or "dilated" without due consideration. In some cases of fatal apoplexy from cerebral hemorrhage, the pupils cannot be said to be altered in size, for there is nothing remarkable about their size. The pupils differ in size in different people and at different ages; and thus it occasionally happens that, when a patient is apoplectic, we are really not warranted in saying that they are larger or smaller than they were before the attack. It is better, in these cases, to use the words large or small than the technical terms which imply the

› is an alteration in size from the re-
cerebral lesion. *Extreme* contraction
›th pupils is, when there is also uni-
ıl powerless and deep coma, evidence
rge hemorrhage in the pons Varolii;
as this condition of the pupils is found
ses of poisoning by opium (from which
there result coma and universal pow-
sness), the diagnosis betwixt these
'orms of apoplexy is sometimes impos-
. When the patient is found coma-
, there being no history to show in
t way his illness set in, we cannot
e a diagnosis, unless, for instance, we
an emptied laudanum bottle. On the
r hand, it is quite certain that, in
e cases of large hemorrhage into other
s of the encephalon, there is extreme
raction of the pupils. Again, in a
cases of fatal hemorrhage into the
, the pupils are not minutely con-
ted. In cases of apoplexy, either from
bral hemorrhage or from poisoning by
ım, contracted pupils will dilate shortly
're death.

wo observers may come to different
ılusions as to the size of the pupils in
same case of apoplexy, if they observe
n when the patient is in different con-
ons. It often happens that the pupils
t comatose patient are very small—as
ll as they are in healthy sleep—whilst
lies undisturbed; but, when he has
n aroused by examinations of his limbs,
'y pinching or shaking, the pupils will
ome much larger, presumably of their
mal size. This is so when the patient
be only roused to vague movements of
ful resistance, and not to anything like
consciousness. Unless these facts be
ne in mind, we may err in supposing
're to be remarkable variations in the
of the pupils during the course of a
› of apoplexy.

nequality of the pupils is of more value
liagnosis, but not unless the pupils be
ery different sizes. If, in a case of in-
r to the head, one pupil be very large,
re is probably, Mr. Hutchinson says,
ge effusion of blood in the sphenoidal
sa of the side of the dilatation. Great
traction of one pupil occurs from lesion
the same side of the pons Varolii, but
t always. No doubt the precise seat of the lesion makes a difference. In a case of inequality of the pupils, observed in a patient who died apoplectic from injuries to the head, the cause of inequality was seen, on instillation of atropia, to be the existence of iritic adhesions. Oddly enough, a confident prediction as to the side on which the cerebral lesion would be discovered at the necropsy (founded on the difference in the size of the pupils), turned out to be correct. In another case, contraction of the pupil, put down to some affection of the cervical sympathetic, was thus explained away.

In most cases of *severe* convulsion, whatever the cause of seizure may be, the pupils dilate very widely during the paroxysm. In one case of convulsion with extensive intracranial hemorrhage, the pupils became very wide, so that Dr. Hughlings Jackson was able to see the optic disk by the aid of the ophthalmoscope. When the convulsion had passed off, the pupils were so small that the disks could not be seen until after the use of atropia.

On the whole, observations on the state of the pupils are not as yet proved to be of much value in the diagnosis either of the position or of the nature of lesions in acute cases of cerebral disease.—*Brit. Med. Journ.*, April 6, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—As we have already announced, the annual meeting of this Association will be held at Horticultural Hall, Broad Street below Locust, in the city of Philadelphia, on Tuesday, May 7, 1872, at 11 o'clock A.M.

The Secretary will be in attendance at the Horticultural Hall on Monday, May 6th, and all duly accredited delegates who may be in the city on that day are requested to present themselves for registration.

The annual exhibition, which is to be held in the Hall of the College of Physicians, N. E. corner of Locust and Thirteenth Streets, will be open daily throughout the week, commencing Monday, May 6th.

The Municipal Hospital of Philadelphia.—The report for 1871, of Dr. WILLIAM M. WELCH, Physician in Charge of the Municipal Hospital, contains a number of facts in reference to the admission and treatment of patients in that institution. The hospital ordinarily has a capacity for 190 beds, but in consequence of the prevalence of the smallpox, temporary improvements were made so as to accommodate 812, the highest number under treatment at any one time. During the past year 1227 patients with variolous diseases and 22 with other diseases were admitted, of which 677 were variola (smallpox) cases, and 550 varioloid; of the former 353, or 52.14 per cent., died; and of the latter only 8, or 1.45 per cent., died. The ages of those admitted were as follows:—

Ages.	Admitted.	Died.	Per cent. of Deaths.
Under 1 year	12	10	83 33
1 to 15 years	162	60	37.00
15 to 25 years	599	185	30.88
25 to 45 years	383	108	28.19
45 years and upwards .	71	24	33.8
Total	1227	387	31.54

In making a differential diagnosis between the two varieties of the disease, Dr. Welch paid no regard as to whether his patients had or had not been vaccinated, except to classify all unvaccinated cases, no matter how mild, as variola. He classified all cases as varioloid where the patients had been vaccinated. In all the deaths from varioloid (or vaccinated cases) there has been either some constitutional peculiarity, or some intercurrent disease that has been auxiliary in terminating life. In reference to vaccination, the doctor states that variola, or smallpox, in unvaccinated infants, is almost uniformly fatal, and that vaccination performed less than seven days prior to the appearance of the eruption will not modify the disease; but when performed as long as seven or eight days prior, it may so far modify the disease as to render it harmless. The following table shows the number of patients vaccinated and not vaccinated, number of deaths and percentage of deaths among "good" and imperfect vaccinations:—

	Admitted.	Died.	Per cen. Dea
Vaccinated:			
Good Cicatrix . . .	332	33	
Fair Cicatrix . . .	166	27	
Poor Cicatrix . . .	301	68	
Total vaccinated .	799	128	
Not vaccinated . . .	390	254	

Dr. Welch classifies as "good cicatr- all those with a well defined ma slightly excavated, and pitted or ha combed, as they are sometimes described, while those presenting characteristics to a much less degre classified "fair," and those as "po which are so indistinct as to make it d cult to recognize them as vaccine sca The proportion of deaths among the v vaccinated is enormous—double the ord nary death-rate, which has long be regarded as 33 per cent. Two reason are assigned for this large mortality: th first and chief being the virulence of th epidemic; the second, that in many in stances only the graver cases are sent t the hospital, and many of these not unt all hope of recovery is passed.

The above statistics show, conclusively the great protective powers of a prope vaccination against the mortality fro smallpox.

—

Mortality in Philadelphia from Smallpo

Week ending March 30	
" " April 6	
" " " 13	
" " " 20	

The above table shows that the ep mic is steadily decreasing, the morta having diminished from 233 in the w ending December 2, to 62 in the w ending April 20.

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Medical Graduates in 1872 (conti from page 57).—

University of Nashville . . .
Chicago Medical College . .
Geneva Medical College (N. Y.) .
Missouri Medical College . .
St. Louis Medical College . .
University of Louisiana . . .
Washington University (Baltimore, Md.) . . . . . .
University of Iowa . . .
Indiana Medical College . . .

'adelphia College of Pharmacy.—At fty-first annual commencement of chool, on the 15th of March last, gree of Graduate in Pharmacy was red on 59 candidates.

—

'erson Medical College.—We have the are of announcing the election, on 5th of April, of Dr. J. M. DaCosta e chair of Practice of Medicine in son Medical College. The acquisi- f the services of so eminent a teacher redound to the advantage of the l, and tend to maintain the high ation which Philadelphia has so long ed as a centre of medical instruction.

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levue Hospital Medical College.—The ing changes have taken place in the y of this College: Prof. B. W. ady having resigned, Prof. W. A. ond will assume the chair of Materia a and Therapeutics, and Clinical ine, in addition to that of Diseases Mind and Nervous System. On tter branches he will continue his es and clinics as heretofore. In con- nce of the resignation of Prof. Ste- Smith, Dr. A. B. Crosby has been nted Professor of Descriptive and cal Anatomy. Dr. E. G. Janeway een made Professor of Pathological omy, and will lecture on that subject e regular session, while, as Professor ractical Anatomy, he will act as nstrator in place of Dr. Mosely. Mott relinquishes Surgical Anatomy e chair of Anatomy, but will hold his ical Clinic at the College on Wednes- throughout the year. A new out- medical clinic has been established r charge of Prof. Flint; and a new for Diseases of Children, under ge of Prof. Lusk. Dr. E. L. Keyes een appointed Prof. of Dermatology. *w York Med. Journ.*, April, 1872.

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ITUARY RECORD.—It is with deep re- that we record the death, on the 5th ril, at the mature age of 85, of our y esteemed and nearly life-long d, SAMUEL JACKSON, M.D., Emeritus ssor of the Institutes of Medicine in University of Pennsylvania.

would require a more eloquent pen than our own to do justice to the eminent merits of Dr. Jackson — to his brilliant genius—his great scientific attainments—his enthusiastic pursuit of knowledge, which kept him constantly in advance of his cotemporaries—his eloquence as a lecturer, which inspired his hearers with much of his own zeal for investigation and for elucidating by observations and experiments the still obscure points in physiology — his remarkable conversational powers—his genial social qualities—his scrupulous integrity, and his kind, liberal, and generous disposition.

The Medical Faculty of the University of Pennsylvania have adopted the following resolutions expressive of their regret at the loss of their colleague, and of their respect for his memory:—

"1. *Resolved*, That the announcement of the death of their venerable colleague, Dr. Samuel Jackson, Emeritus Professor of the Institutes of Medicine, has deeply impressed the Medical Faculty of the University, and quickened the feelings of affectionate respect which they have always entertained for his person and character.

"2. *Resolved*, That to his genius in cultivating medical science, his eloquence in expounding its laws, and his earnestness in enforcing its precepts, the Medical Department of the University is deeply indebted for the fame it enjoyed and the influence it exerted during the long period of his professorship.

"3. *Resolved*, That his ardent temperament, genial disposition, and enthusiastic love of knowledge inspired all who knew him as associate or teacher with an ambition to follow in his footsteps, and adorn, as he adorned, the profession which he ennobled by his character and illustrated by his life-long labours.

"4. *Resolved*, That the Faculty will preserve the memory of Dr. Jackson's character and services as a model for the young to imitate, and a monument to be admired by all who reverence genius, and its practical results in enlarging the field of knowledge and in mitigating the pains and perils of disease."

R. E. ROGERS, M.D.,
Dean of the Medical Faculty.

April 8, 1872.

We are also pained to record the death in this city, on the 31st of March last, aged seventy-four, of SAMUEL HENRY DICKSON, M.D., Professor of the Theory and Practice of Medicine in Jefferson Medical College, Philadelphia. Dr. D. was a highly cultivated, honourable, and urbane gentleman, and one of the bright ornaments of our profession. He filled successively the chair of Practice of Medicine in the Medical College of the State of South Carolina, in the University of the City of New York, and in Jefferson Medical College, and with great credit to himself and advantage to numerous pupils.

At a special meeting of the Faculty of the Jefferson Medical College, convened in reference to the death of their late esteemed colleague, it was—

"*Resolved*, That the members of the Faculty have heard with deep-felt sorrow of the demise of their late distinguished colleague, Samuel Henry Dickson, M.D., LL.D., Professor of the Theory and Practice of Medicine, whose name and fame for the last fourteen years have been connected with this Institution, and for half a century with medical teaching. Ripe in years, and rich in all the honours that could be gathered from the broad fields of science and literature, he has closed a long and active life, made, by his genius and vast experience, most eminently useful in ministering to the relief of the sick, and in the education of a very large portion of the medical profession of this country. A courteous gentleman, a genial and refined associate, always amiable and instructive in his intercourse with his fellows—wise, learned, and accomplished as a teacher—the Faculty of this College and the profession at large may well sorrow over the extinction of a life so rich in usefulness and renown.

"*Resolved*, That the Faculty, in remembrance of his many virtues, and in profound respect to his memory, will pay their last tribute to a loved colleague by attendance at his funeral; and further,

"That a copy of these resolutions be transmitted to his family."

B. HOWARD RAND, M.D.,
Dean of the Faculty.

At a memorial meeting of the Medical Society of South Carolina and of the Medical Profession generally, held April 11th, at the Roper Hospital, Charleston, several very eloquent and pertinent addresses eulogistic of the character of Prof. Dickson were delivered, and the following resolutions were adopted:—

"*Resolved*, That, in the recent death of Professor Samuel Henry Dickson, our associate, our colleague, and long-endeared friend, this society and our professional brethren at large have sustained a loss which they will deplore with deep and heartfelt grief.

"*Resolved*, That, by this afflictive dispensation, the science of medicine has been deprived of one of her most honourable votaries, the college in which he recently served with such distinguished success a most estimable colleague, society a refined and cultivated ornament, and humanity one who ever felt for the afflicted, and practised a wide-spread benevolence in his efforts to mitigate the afflictions and sorrows of mankind."

Died in Richmond, Va., March 26, 1872, aged 70 years, ROBERT W. HAXALL, M.D. Dr. H. was an accomplished, skilful, and highly-esteemed physician, and a high-minded and honourable gentleman. He was one of the active founders of the American Medical Association, and was chairman of the committee appointed to report a uniform and more elevated standard of requirements for the degree of M.D., to be adopted by all the medical schools of the United States, and which report met the approval of the Association.

—— At Detroit, Michigan, April 5th, aged 85, ZINA PITCHER, M.D. Dr. P. was one of the pioneers of the Northwest, and had many offices bestowed upon him, which he ably filled. In 1822 he was appointed an assistant surgeon U.S.A., and afterwards full surgeon, which post he held until 1836, when he became a citizen of Michigan, and exerted a most beneficial influence in the establishment of the educational institutions of that State. He was appointed Regent of the University, and was mainly instrumental in organising its Medical Department. He was an active member of the American Medical As-

sociation, and was elected president of that body in 1856.

—— March 15, 1872, at San Francisco, California, JONATHAN LETTERMAN, M.D., formerly Medical Director of the Army of the Potomac, in which position he displayed remarkable executive ability and energy, establishing a new and very perfect ambulance system, a method of field-purveying, and a plan of field-hospitals.

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Presbyterian Hospital of Philadelphia.—In the list of the staff of this hospital given in the April number of the *News*, the name of Dr. Edward Wallace should have appeared as one of the physicians, instead of that of Dr. Ellerslie Wallace, who was not a candidate for the position.

FOREIGN INTELLIGENCE.

Fibroid Tumours of the Uterus.—M. GUÉNIOT has communicated to the Academy of Medicine (*Med. Times and Gaz.*, March 23, 1872) an example of that rare occurrence, the disappearance of an uterine fibroma by absorption. In his opinion, founded on M. C. Bernard's experiments on the pancreas, when a fibroma or myoma thus disappears it first undergoes fatty degeneration; and, therefore, those agents should be employed in their treatment which tend to produce fatty transformation of the tissues or organs. The principal of these are arsenic, phosphorus, and lead; and it is to such medicinal substances recourse should be had much rather than to mercury, iodine, bromine, and the alkalies. The following are his conclusions: 1. The cure by absorption of certain fibroid tumours of the uterus, still sometimes disputed, may henceforth be regarded as a truth definitively proved. 2. These tumours may even undergo a rapid dissolution, some months sufficing in various cases for the complete disappearance of even large myomas. 3. In the cases hitherto observed, absorption has taken place during the period of activity of the genital affections; but the puerperal state has only quite exceptionally exercised an evident influence. 4. Uterine myoma may also disappear without surgical operation by two other modes, viz., spontaneous expulsion, and gangrenous destruction or suppuration. But its disappearance by absorption, being the only mode completely exempt from danger and followed by cure, is that which should especially be sought to be induced. 5. Although the attempts made in this direction have almost constantly been unsuccessful or dubious in their results, some facts authorize us to believe that treatment is on the road of progress. 6. As far as can be judged by analogy, an uterine myoma, in order to become susceptible of absorption, must first undergo a fatty transformation of its mass. 7. The employment of steatogenic substances, such as arsenic, phosphorus, lead, etc., seems especially indicated in view of this result.

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Spina Bifida cured by repeated Tapping and Pressure.—At the meeting of the Lisbon Society of Medical Sciences on February 17th (*O Correio Medico de Lisboa*, March 1st, 1872), Dr. Camara Cabral communicated a case of congenital spina bifida which he had successfully treated. The patient was a child aged twenty-five days, which was brought into St. Joseph Hospital on November 21st. It had in the lumbo-sacral region a swelling 40 centimetres in circumference, 17 in vertical and 10 in transverse diameter, and 6 in depth. It fluctuated, was transparent like a hydrocele, and appeared to contain not only fluid but some solid body. Pressure on it did not produce any convulsions, nor were there any paralysis or other symptoms denoting lesion of the spinal cord. It was, therefore, concluded that the tumour consisted exclusively of a hernia of the meninges, filled with fluid. On the 29th, it was tapped with a Dieulafoy's trocar, and 400 *grammes* of a transparent yellow fluid, containing an abundance of albumen, were removed. Compression was applied by means of adhesive plaster. No symptoms followed the operation, beyond some vomiting and loss of appetite. Some days later, the tumour having again enlarged, 250 *grammes* of liquid were removed; and on December 14, 425 *grammes*. The defect, which was found to be in the situation of the fourth and fifth

lumbar vertebræ, was gradually diminishing. On a fourth and a fifth occasion, puncture was performed at intervals of some days; the quantities evacuated being respectively 175 and 125 *grammes*, and the fluid being more highly albuminous than before. After the last two operations, there was some meningitis, which yielded to ordinary remedies. The child made a good recovery, and was exhibited at the meeting at which the case was described.--*Brit. Med Journ.*, Mar. 23, 1872.

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On the Surgical Treatment of Suppurating Ovarian Cysts and on Pelvic Adhesions in Ovariotomy.—Mr. T. HOLMES reported to the Royal Medical and Chirurgical Society a case in which chronic suppuration occurred in an ovarian tumour, after paracentesis had been performed for the first time. Ovariotomy was postponed for some months on account of the patient's condition. When it was performed the cyst was found extensively adherent in other directions, and so tightly wedged into the pelvis that it was impossible to reach its pedicle. It contained about a gallon and a half of fluid, of which about half was pure pus. The remains of the emptied cyst was dragged out of the abdomen, a clamp was applied to its neck (at a distance above the pedicle which could not be accurately ascertained), and the wound was closed. The patient recovered, and after her recovery no sinus was left, nor was any tumour to be felt. The symptoms of acute and chronic suppuration in ovarian cysts are discussed, and it is attempted to be shown that, if the general condition admits of it, the suspicion of suppuration is a reason for performing the operation instead of delaying it. The case is also used to show that, in some instances, the results of ovariotomy may be perfectly favourable, though pelvic adhesions have prevented the complete delivery of the tumour. If the neck of the cyst admits of being embraced in a clamp, the lower portion of it may be obliterated during the healing of the wound. The superiority of this method, when feasible, to the other courses which may be pursued in dealing with pelvic adhesions, is shown.

Mr. Bryant remarked that the accurate diagnosis of a suppurating ovarian cyst was most important; that wasting, a hot skin, a permanently high temperature, bad appetite, local pain and tenderness on pressure, all indicated suppuration. If any doubt as to the diagnosis exists, he would be still more induced to interfere quickly, to remove the cyst if possible, or to take away as much as could be removed. He quoted a case to show the desirability of not leaving ligatures, and one also that showed the useful peculiarities of catgut.

Mr. Spencer Wells said that the diagnosis between an inflamed or suppurating ovarian cyst and peritonitis was generally easy, the chief point being that with a suppurating cyst there was considerable elevation in the temperature of the body, especially at night. In the morning it would range from 99° to 101°, and in the evening rise to 103° or 105°. In peritonitis, on the contrary--unless it were of the septic type—there was either no rise of temperature, or it might even fall to about 97°. But practice would be the same in either case. Whether the patient's life is in danger from a suppurating cyst, or from peritonitis set up by the presence of the cyst, or from escape of ovarian fluid into the peritoneal cavity, the cyst and fluid should be removed. He had learned this lesson from Sir Thomas Watson. Operating with Dr. Farre on a lady whose peritoneum was acutely inflamed from the bursting of an ovarian cyst, they were very fearful of an aggravation of the peritonitis; but Sir Thomas Watson, with the rare clinical sagacity which was his great characteristic, said, "Now the irritating cause is removed, we may hope the irritation will subside." And it did so in this case and in several others since. In one step of the operation he thought Mr. Holmes might have adopted a safer plan than separating the adhesions before emptying the cyst. These adhesions prevented any purulent or fetid fluid in the cyst from entering the peritoneal cavity, and in most cases it was generally better to completely empty the cyst before separating any adhesions. In cases where the cyst could not be removed a cure might sometimes be obtained by draining the cyst through

tube and daily injections of iodine or rbolic acid.

Mr. Holmes, in replying, doubted if the ignostic signs spoken of by Dr. Wells re positive as well as negative, because some cases high temperature exists thout suppuration, and in some cases of ritonitis the temperature has been pertently high.—*Med. Times and Gaz.*, Mar. , 1872.

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Combination of Injection of Morphia with halation of Chloroform.—MM. Labbé d Guyon recently read a paper at the adémie des Sciences, in which they ve an account of the results obtained in r cases in which they had tried the mbined effect of hypodermic injection morphia and the inhalation of chlorom. They were induced to enter on the estigation by having observed numer- experiments of M. Claude Bernard at College de France, which demonated that, by such combination, very plete anæsthesia may be obtained by ans of a much less quantity of chlorom than when this substance is emyed alone. About the same time t M. Bernard was pursuing these rerches, Professor Nussbaum, of Munich, h a view to the prevention of the pain secutive to operations, injected in seve- cases the acetate of morphia, while patient was under the influence of roform. In all his cases, pain coned suppressed, and sound sleep was nged for several hours after the ation.

hile Professor Nussbaum, however, oyed the morphia during the anæsa, MM. Labbé and Guyon injected it e this was produced, their object be- lso different—not the prevention of ecutive pain, but facilitating the proon of anæsthesia, and rendering it dangerous by reason of the smaller tity of chloroform employed. At nt they have only resorted to the is in the four cases, abstracts of h they now lay before the Academy. e first of these, twenty minutes be- the performance of an amputation, centigrammes of muriate of morphia s injected into the thigh, and then chloroform was administered. In seven minutes anæsthesia was complete, and was prolonged for a long time after the operation, which lasted seventeen minutes. The quantity of chloroform employed was twenty-eight grammes. In a case of ovariotomy, occurring in a girl of 20, the chloroform was given twenty minutes after the injection, and complete anæsthesia was produced in six minutes. The operation lasted an hour and forty-five minutes, and the expenditure of chloroform during all this time was only forty-eight grammes. The patient continued in a state of complete resolution, and after the operation was entirely calm, having felt no pain whatever. Incomplete as are their researches at present, the authors feel entitled to conclude: first, we can in man—as M. Claude Bernard has shown can be done in animals—obtain anæsthesia much more rapidly by combining the action of chloroform and morphia; secondly, that this anæsthesia is of longer duration, and may be kept up by smaller doses of chloroform, the risks of fatal accidents being thereby considerably diminished. They suggest also that the quantity of morphia injected may be somewhat larger than that which they employed, and that the injection might be conveniently practised a longer time before the operation.—*Med. Times and Gaz.*, March 23, 1872.

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Death from Chloroform.—In the number of the *British Med. Journal* for April 6, 1872, there is reported a case of this occurring in a man to whom two and a half drachms of chloroform was administered, prior to an operation for iridectomy. Death occurred four minutes after the inhalation began. His heart was found to be fatty.

In the *British Medical Journal* for March 9, 1872, is reported another case of this which occurred at West Middlesex. A medical student aged 22 went to bed apparently well, and in the morning was found dead with a handerchief applied to his mouth. He had been in the habit of inhaling chloroform to allay pain, and a verdict was given to the effect that death had resulted from this cause.

Liebreich's Chloride of Æthyl. — This substance was used instead of chloroform in Langenbeck's wards in 1870, and with the best results. It gave rise to no vomiting; sleep was induced easily, but was less profound than with chloroform. Of course it was expected that the latter would soon be superseded, and that the chloride would prove quite innocuous; but a death under its influence, which lately occurred, proved that absolute safety in the use of anæsthetics has not as yet been obtained.—*Lancet*, March 16, 1872.

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Use of Nux Vomica in certain Neuroses of Organic Life.—M. Brugnoli (*Lyon Méd. et Journ. de Méd.*, Nov. 1871) has employed nux vomica successfully in the nervous movements of pregnancy, gastralgia, dyspepsia, hypochondriasis, nervous palpitations of the heart, nervous and periodic cough, asthma, and finally in albuminuria. This remedy acts either on the pneumogastric, or on the great sympathetic, or on the spinal cord. He records the case of a lady, afflicted with severe cough recurring every evening and lasting throughout the night, who was cured in two days by the use of nux vomica. Another patient was affected every evening with violent cough accompanied by catarrhal expectoration, and was also cured in two days by the use of the alcoholic extract of nux vomica mixed with the extract of gentian. Cough may always be allayed by this means, whether it be caused by bronchitis, by pneumonia, by pulmonary phthisis, or by emphysema. It proves a useful remedy also in cases of cardiac pulsations, and in irregular or too frequent action of the heart. In albuminuria, M. Brugnoli thinks the administration of nux vomica has retarded its progress to some extent, especially in cases of scarlatinal albuminuria.—*Practitioner*, Feb. 1872.

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Chloral in Traumatic Tetanus.—Dr. Lavo relates (*Annali Universali di Med.*, Feb.) three cases of severe traumatic tetanus which were successfully treated by means of chloral aided by the employment of the cold bath. The quantity of chloral used during the course of the first case amounted to 240 grammes, with twenty-five baths; in the second to 147 grammes, with fifteen baths; and in the third to 140 grammes, with eleven baths.—*Med. Times and Gaz.*, March 30, 1872.

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The Removal of Plaster of Paris Bandages.—Dr. Carstens gives a concise way of overcoming the obstacles presented by the plaster of Paris in the application of bandages. It should be good and freshly burnt. By mixing the plaster with cold water, or a solution of gum arabic, a paste is formed which will harden slowly; a quickly hardening paste can be made with a solution of sulphate of potassa or water-glass.

In reference to the removal of plaster of Paris bandages, Dr. Carstens remarks that this application is very insoluble in water (1 part in 438); in concentrated solutions of chloride of sodium, however, it is quite soluble (1 part in 122). Common salt has not only the advantage of being always on hand, but it does not injure polished instruments, as other solutions recommended for this purpose do; if the plaster of Paris bandage is moistened with a saturated solution of salt, the bandage becomes in a few minutes so yielding that a sharp knife finds little resistance; then the cut some more of the mixture should be applied, and, after repeating this three or four times, the bandage can be easily removed.

To clean the hand and nails of the operator, table-salt solution is also very useful.—*Medical Record*, Feb. 15, 1872.

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Air in the Veins.—Mr. Trélat related (*British Med. Journal*, March 16, 1872) at a meeting of the Société de Chirurgie of Paris on Feb. 21st, an important case in which sudden death occurred in a patient from whom he was proceeding to remove a submaxillary tumour. The patient changed colour, and the heart-sounds ceased suddenly. Artificial respiration and electrization of the phrenic nerve produced some respirations and a slight return of colour after fifteen minutes, but ineffectually. At the necropsy, a small vein, opening into the external jugular, was found to have been partially divided, and in the jugular was a long clot, segmented

air-blebs, and other bubbles of air re found in one of the mediastinal veins l the posterior cardiac vein, and a very able quantity of air in the right cardiac ities. The question raised was, whether death was due to this cause or to the ion of the chloroform. M. Perrin and Marc Sée attributed the death to chlo- orm; and M. Giraldès believed that the trance of air in the veins acted with the loroform in producing the fatal result. stated that, in three cases of death m chloroform, he had found gases in e heart, in the vena cava, and even in e veins of the pelvis. Roux had made similar observation. But M. Depaul inted out that the air in this case occu- ed only the veins going to the heart, and e wounded vein. M. Perrin and M. paul were much in favour of artificial piration by a tracheal catheter and lows.

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Large Biliary Calculus.—Dr. THOROW- D exhibited to the Pathological Society ondon (*British Med. Journ.*, Feb. 24, 2) a very large biliary calculus, two three-quarter inches in length, and ghing five hundred and three grains, ch was taken from the body of a fe- e aged 67. It was interesting from its e size, and from its having produced ymptoms up to the woman's death.

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odification of the ordinary Test for the ry Acids.—M. STRASSBURG, of Bre- suggests (*Pflüger's Archiv für ge- ie Phys.*, Heft x. and xi. 1871) a fication of Pettenkofer's test for the nce of the biliary acids in urine, h promises to be serviceable clinically, cording to his statements is of ex- delicacy, enabling a trace not ex- ng 3-100,000ths to be readily de- l. He dips a slip of filtering paper the urine suspected to contain the y acids, and to which a little cane- has been previously added. The s withdrawn and dried; a drop or f pure concentrated sulphuric acid y applied to it by means of a glass On holding the paper up to a strong a beautiful violet colour makes its rance.—*Practitioner*, Feb. 1872.

Toxicological Notes.—It is stated in the *Chemical News* that Dr. James St. Clair Gray, assistant to the Professor of Medical Jurisprudence in the University of Glasgow, has read a paper to the Chemical Section of the Glasgow Philosophical Society, "On Certain Fallacies in the Means of Detecting some Poisons." He pointed out that Reinsch's test for arsenic is liable to fail when the arsenic has undergone oxidation to arsenic acid, or when it exists in the state of sulphuret. He advises the reduction of the arsenic acid by means of sulphite of an alkali; and in the instance of the sulphuret, he would boil with caustic potash and dialyse. He notes also that the presence of alcohol, chloroform, or ether, prevents the precipitation of the red iodide of mercury.—*British Med. Journal*, March 16, 1872.

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Vivisections.—M. CLAUDE BERNARD, one of the greatest of living physiologists, in his recent work (*Leçons de Pathologie experimentale*) points out the immense value of experimental pathological researches, and the necessity for the construction of special physiological laboratories (like those of Kühne at Amsterdam, and Ludwig at Leipzig) wherever physiology is taught, in order that theory and practice may go hand in hand. Referring to the absurd scruples of the antivivisectionists, he points out the necessity that exists for the daily slaughter of a large number of the lower animals, and gives the following anecdote in a note: "In one of his campaigns the Duke of Burgundy, son of the Grand Dauphin, wrote to Fénélon to ask whether he might encamp his army under the walls of a nunnery, as, however objectionable in point of morality, the position was peculiarly advantageous for the prosecution of the war. Fénélon promptly replied, 'Burn the nunnery, but gain the battle.' Now, Fénélon was certainly not a man of lax morals, nor a man of antichristian spirit, nor a violent character; but he recognized that war has its necessities, which must be obeyed if success is to be obtained. Physiology, too, has its necessities, and these must be submitted to, or all progress must be renounced.—*Lancet*, March 30, 1872.

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The excellence of this book is one explanation of our not having reviewed it sooner. Taking it up from time to time, we have been freshly interested in its various chapters, and so been led to defer writing our opinion of it. It is one of those works with which we are happily becoming familiar, as coming to us from time to time from across the Atlantic, which contain all that is good in European works of the same kind, together with much that is original, both in reflection and observation. It is astonishing how well the American writers succeed in gleaning, and yet giving a fresh character to their books. This work is an illustration, and pervading every chapter of it is a spirit of sound judgment and common sense, without which any work on any department of the practice of medicine is, to use the mildest word, defective. We are sorry that we cannot give further illustrations of the excellence of this book.—*London Lancet*, Sept. 4, 1869.

After an examination of this book, we think we are not mistaken in welcoming its writer as a new authority in medical literature on the diseases of children. The sources of his information are copious, and he seems to have made careful use of them. We had intended to support these opinions by quotations, but the range of the work is so comprehensive, and our readers can so much better form a notion of the industry and good judgment of its author by an extended perusal of it, that we have concluded to simply refer them to the book itself, and will only add that it is written in the clear and unambitious style befitting a scientific work.—*St. Louis Med. and Surg. Journal*, May 10, 1869.

Our fellow-townsman, Dr. Smith, is well known among us as an indefatigable worker, and one who has devoted the major part of his time to the study, theoretically and practically, at the side and in the dead-house, of the diseases children. From a careful perusal of his wor agree with the author, that while he has respe the opinions of previous writers, and has ad them so far as they appeared to be correct, h depended much more for the material of his time on clinical observation and the inspecti the cadaver. Most heartily do we wish the success it so richly deserves.—*Am. Journ Obstetrics, &c.*, May, 1869.

The author of this volume is well known valued contributor to the literature of his cialty. The faithful manner in which he worked in the public institutions with which has been connected, the conscientious regard truth which has for years characterized all researches, the great amount of experience w he has been enabled to acquire in the treat of infantile diseases, and the care which h accustomed himself to take in the study significant facts relating to the pathologic tomy of the diseases of childhood, emine him for the task which he has taken upon h The remarkable faculty of bringing out points and stating concisely other less im facts, enables him to crowd within a sm pass a vast amount of practical informati attention given to the treatment of the maladies, as well as the presentation recently accepted pathological views, m of the most valuable treatises, within i compass, that can be placed in the han seeker after truth. The volume as a w still further establish for the writer a and enviable reputation as a careful an impartial interpreter, a safe and t adviser, and a modest and untiring *N. Y. Med. Record*, March 15, 1869.

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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Infantile Paralysis and its resulting Deformities. By RICHARD ASHWELL, F.R.C.S., Surgeon to Charing-Cross Hospital. Lecture II. (For first lecture, see No. for April last.)

Gentlemen: A malady which has received the name of the "temporary paralysis of Kennedy" places the immediate treatment of the disease we are considering in a most unenviable position; while, on the other hand, a belief in the frequency of such transient paralysis often prevents any clear and decisive action for days, perhaps weeks, after the first attack. It is a very thankless task to treat a paralyzed child with all care, and then, when the patient recovers, to feel that it might have been one of those cases which would have done well without our aid. Nevertheless, this is far better than, believing in the temporary nature of the disease, to temporize, to delay still a little longer, and at last to find the limb wasting, and to discover that by loss of time we have also lost, or all but lost, the chance of regaining a useful limb.

My conviction, taken from a large number of cases, is, that the temporary paralysis is very rare, the true infantile (non-central) paralysis only a too common disease. The distinction in the first few hours is impossible, but in from twelve to thirty-six hours it becomes clear and indisputable. When, therefore, first called to a paralyzed child, it is necessary to ascertain all concomitant and pre-existent circumstances. If there be or have been no illness, no prolonged or severe fits, no thermometric elevation either general or merely cephalic, nor other sign of central mischief, the medical man will examine the state of the secretions, ascertain the absence or presence of worms, the condi-

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tion of the mouth and other parts which might give rise to reflex paralysis,[1] and if he find there no clue to the cause of the disease, his next object will be to discover whether the case be one in which the condition is likely to continue, or one in which the loss of power is merely temporary. For this purpose, as well as for subsequent treatment, he must have recourse to different forms of electricity, the use of which should, if possible, commence between the twelfth and thirty-sixth hour of the attack.

To gain information from galvanism it is necessary to use two sorts of battery—the one a single or double cell, with an induction coil and a connection-breaker or hammer; the other a simple galvanic apparatus for producing a constant current of great tension and small quantity. Although for the first-named or induced current any battery with a small coil and means of regulating will do, yet Stöhrer's large double-celled battery is by far the best apparatus I have yet come across. The many means of regulation give great power of minute adjustment; the connection, by standards, of the secondary current enables us to use the least painful stream with the greatest effect; and the attachment of the striking plate of the hammer to a spring enables us to make the widest possible interruptions. For the constant current a battery made originally for me by Messrs. Weiss is the best I have yet found. It consists of fifty elements, three-quarters of an inch wide by two inches and a half long. In a certain number of cases many less cells will answer for treatment, but a smaller battery would, for purposes of diagnosis, fail in so large a proportion of cases as to be almost useless.

The behaviour of muscles to one current and to the other, and the alternation of such behaviour, afford, when properly studied and understood, a mode—indeed, the only mode—of diagnosing the condition and prognosing the future of an infantile paralysis. In the form of this malady (the only paralysis really peculiar to infants) which is not cerebro-spinal or reflex, sensibility of the muscles to the induced current rapidly declines and becomes extinct. This phenomenon commences between the twelfth and thirty-sixth hour. It is usually complete within four days. If, then, the induced current have been used twelve hours after the occurrence of a paralysis not heralded by either severe illness or accident, and the muscles be found tolerably sensitive, we must remain very doubtful as to the nature of the case. If within twelve hours more the sensibility have diminished, we have to do with a case at all events of no temporary paralysis. If in a few more hours faradaism produce no muscular contractions we may feel sure that the disease is one of peripheral origin.[2] If about the time when the power of the induced current decidedly declines—perhaps two or three days after its disappearance—the muscles begin to respond with abnormal sensitiveness to the constant current, but at other times remain flaccid, the case is undoubtedly true infantile paralysis, which will not get well save by careful and more or less protracted treatment. If, however, the case be brought under skilful managament sufficiently early, and treatment carried on with patience and watchfulness, one may in most cases set every muscle free, and this merely by the proper use of galvanism and faradaism. Here I must be permitted to speak very strongly on the impropriety of postponing treatment under the impression or the hope that the case is but temporary. A muscle or set of muscles which do not recover power in three days will scarcely ever of themselves regain any useful amount of action. If we attack paralyzed muscles while they are still sensitive to galvanism we may in a few weeks restore power; if we wait till not only the induced but the constant current has lost all influence, years will barely suffice to restore any action; to this other means, as the unusual employment of potent drugs, become necessary, and then the result is problematical.

[1] Certain conditions of the genitals will form the subject of a future lecture.

[2] In an article published by me last year in "St. Thomas Hospital Reports," I have proved very clearly that infantile paralysis is neither congestive, inflammatory, nor nutritive.

As to the mode by galvanism I shall say in this place very little, as by relating the details of a case—somewhat rapid in its success, it is true—all essentials may be taught. Certain facts and conditions only need be pointed out—firstly, the necessity of having all the instruments in good order and free from rust; secondly, of never using more power than absolutely necessary, and, especially with children, avoiding pain or alarm as much as possible; thirdly, since every muscle has a point where even a feeble current may cause contractions, while everywhere else a current strong enough to produce severe pain will have no effect on the organ, these points should either be so studied that there never is a blunder about the place to be touched, or else the practitioner must construct a chart, and, while using galvanism, have it in front of him.[1] Lest the term "constant current" mislead, it will be well to explain that the muscular contraction does not depend on the quantity or intensity of the current at any particular moment, but on alternations and amount; hence the twitch only takes place on closing, occasionally also breaking the circle, and not while the stream is flowing uninterruptedly through the organ. "Constant current" is, therefore, a misnomer; the word should have been "direct current," had not such term already been appropriated to another use.

Emma T———, aged four months, was paralyzed during the night of May 10th, 1870. On the 15th she was brought to me—i. e., about one hundred hours after the occurrence. The child was put to bed perfectly well on that night. She had cried a little unusually on being bathed, which the nurse attributed to sleepiness. She also seemed well the next morning, save that the left leg was completely paralyzed, but was in no wise either tender or painful. I found no tenderness anywhere; no heat, thermometric or otherwise; no sign of ill-health or disease. She is rosy, laughs easily, and has evidently suffered nothing. Previous to my seeing her the patient had had an emetic administered, and had been purged. The excretions are in perfect order.

I tried faradaism, gradually increased to the limits of the bearable; neither with the primary nor with the secondary current could the slightest twitch be produced. The battery current with fifty cells produced no movement. In sixteen hours I tried the battery current again; and a third time in twenty-four hours more—i. e. 140 hours after the attack. On the last occasion slight movement in the flexors of the leg, and a more doubtful movement in the extensors, was produced.

May 24th.—Every twenty four hours each muscle has been separately galvanized. The flexores cruris—the deep layer at the back of the leg—act energetically to thirty cells; the extensors both of leg and foot, and especially the adductors femoris, respond more feebly to fifty cells. The sural muscles do not act at all, but let the current go right through them to the deep layer without showing a sign of life. There is neither voluntary power nor faradaic irritability in any muscle. An elastic band is fixed to the shoe, so as, without restraining it, to keep the foot more or less at right angles to the leg. The electric occurrences are these: At an uncertain time, during the first 100 hours, faradaic irritability ceased; at the 120th—130th hour galvanic irritability in certain muscles commenced, and has increased. Other muscles then became galvanically irritable; and now all respond more or less, except the sural muscles. Prognosis guarded, but by no means bad.

June 3d.—The muscles are now all sensitive, except the sural; these, though they respond slightly to the current, are sluggish, and act but little.

July 14th.—The response of all the muscles to galvanism has been becoming more feeble and uncertain. This day Stohrer's battery was used; and I was pleased to find all the muscles respond, and surprised to find that the sural muscles, which had never acted well to the constant current, and had also like the others refused to answer to faradaism, responded now to the coil as well as any.

[1] A number of charts in Ziemssen's work—although they contain, I think, some errors—would answer the practitioner's purpose extremely well.

The prognosis now given was perfectly hopeful; patience and perseverance all that are required.

Dec. 1870.—I took occasion to examine this child. The leg is smaller than the other, and about one-third of an inch shorter; but she can move it in every direction; and in walking or running the limp is barely perceptible. I ought to say that the elastic force was, during three months, used on one side of the leg to prevent a threatening deformity; but this part of the case belongs to another division of our subject.—*Lancet*, April 30th, 1872.

HOSPITAL NOTES AND GLEANINGS.

Case of Disease of the Brain—Left Hemiplegia—Mental Affection.—A patient æt. 56 is under the care of Dr. HUGHLINGS-JACKSON, in the London Hospital. His mind is much impaired, but he has mind enough to frame delusions. A recent fancy is that he wishes to be killed. The most striking feature in his case has been an inability to recognize places and persons. At one time he did not know his own wife; he gave his watch away, and having wandered from home was unable to find his way back. But at the present time he is better, and can name things he sees in pictures, and can read. There seems now to be only a general imperfection of mind, hebetude, and slowness. His wife reports that he has called things by wrong names. Such blunders may arise either from non-recognition of the thing to be named, or from inability to find the name of it.

He has recovered from left hemiplegia—a symptom which, in the vast majority of cases, points to disease of the right side of the brain. In many cases of left hemiplegia there is no striking mental affection. But this patient's palsy was of the rarer kind, in which the leg is more affected than the arm. Trousseau has spoken of the evil omen of cases of hemiplegia in which the leg suffers more than the arm—or, rather, of cases in which the arm recovers, the leg remaining paralyzed. He appears to refer—in part, at least—to mental affections. Dr. Hughlings-Jackson supposes that the lesion in his patient is in the right posterior lobe. As there has been severe earache of the right side, and as there is deafness of that side, the lesion is possibly cerebral softening or abscess from plugging of veins. The hemiplegia came on after the earache, and after the onset of the mental symptoms; it was transitory, lasting about a fortnight.

From anatomical facts Dr. Hughlings-Jackson is led to believe that the "important" part of the right hemisphere is the posterior lobe, whilst the "important" part of the left is the anterior lobe. But it must be remarked that in Trousseau's patient, and in a similar case from Dr. Ramskill's practice, mentioned by Dr. Bazire, the hemiplegia was of the *right* side. However, Dr. Hughlings-Jackson thinks that there is more often mental affection, other than affection of speech, in cases of left than in cases of right hemiplegia, and particularly when the leg suffers more than the arm.

That the anterior and posterior lobes have different functions is certain, as the convolutions of the two cerebral regions have different structure (Lockhart Clarke). Some years ago Dr. Charlton Bastian expressed his opinion that the posterior rather than the anterior lobes are concerned in the highest intellectual operations. The following statement by Rosenthal is strongly in favor of Bastian's opinion: "In the case of new growths in the posterior lobes the psychical disturbances are incomparably more frequent than in that of tumours of the anterior or middle lobes."

Dr. Hughlings-Jackson grants that the clinical evidence as to the greater importance of the *right* posterior lobe in mental operations is slender; but the anatomical facts (Gratiolet, Broca, and Barkow) are strong. (These facts he has several times referred to when speaking of the question of the supposed greater importance of the *right* posterior lobes in this journal, August 22, 1868, pp. 208–9; September 26, 1868, p. 358.) And the hypothesis may have at least this value: that it will lead to a careful study of the *kind* of mental affection—when there is any—which attends hemiplegia, especially when the leg is the limb more affected. We have many facts

as to the kind of mental affection (phasia) which so often attends lesions in the region of the *left* corpus striatum, and it is legitimate to inquire if there be not symptoms as *special* from lesions in the neighbourhood of the *right* optic thalamus. The former, when speech is *lost*, consists in an inability to reproduce words and to reproduce them in propositional order; but in cases of loss of speech—in chronic cases at least—there is no difficulty in the reproduction of images of objects. The patient can recognize handwriting, although he cannot read; he can copy print into writing, but cannot express himself in writing; he may be able to play at dominoes or cards. In these operations speech is not concerned; the operation of *another* series of sensori-motor processes is required. Dr. Hughlings-Jackson believes his patient has, or has had, defect in this other series—in the sensori-motor processes concerned in the *recognition* of objects (not in *seeing* objects), and in putting images of things in "propositional order," so to speak. Such a defect, when extreme, would pass as one of imbecility, and in a minor degree as one of "loss of memory." Obviously the investigation of such cases will be very difficult indeed.

Just as we compare and contrast the effects of plugging of the left and right middle cerebral arteries, so we should compare and contrast the effects of plugging of the right and left posterior cerebral arteries. Dr. Hughlings-Jackson, however, has seen but one case of plugging of the posterior cerebral artery; and as both the right and left, and also the right middle cerebral were plugged, the case, although there was mental affection, is not evidence either for or against the hypothesis he has put forward.

In the above remarks spectral illusions are not spoken of; but these, if the above hypothesis be correct, will depend on disease of the posterior lobe. The *disorderly* revival of images bears the same relation to *inability* to revive images as chorea does to hemiplegia—in the former there will be instability of nerve-tissue, in the latter destruction of nerve-tissue.—*Med. Times and Gazette*, May 4, 1872.

Cases of Sick Headache treated successfully by Indian Hemp.—There are at Middlesex Hospital, under the care of Dr. JOHN MURRAY, two female patients, the one æt. 41, the other 50, both married, who have been for many years subject to sick headache. They have been greatly benefited by the administration of ten-minim doses of tincture of Indian hemp three times daily, between the attacks. The hereditary character of the affection is well exemplified in both. In one case there is a history of the mother and four sisters suffering from similar attacks; while the other patient states that her aunt was subject to sick headaches and died insane, that a sister suffered from frequent severe headaches without sickness, and that a brother was a deaf mute and had sick headaches.—*Lancet*, April 30, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association. — The twenty-third annual meeting of this Association was held in Philadelphia, May 7, 8, 9, and 10. Over 700 delegates were present.

The Convention was called to order by the President, Dr. D. W. Yandell, of Kentucky, and the proceedings were opened by prayer by the Right Reverend William Bacon Stevens, M.D., Bishop of Eastern Pennsylvania.

An address of welcome on behalf of the medical profession of Philadelphia was delivered by Dr. R. E. Rogers, Chairman of the Committee of Reception, and Dr. Edward Hartshorne, Chairman of the Committee of Arrangements, announced the programme.

The annual address of the President was then delivered.

Dr. H. F. Askew, of Delaware, moved the reference to the Committee on Ethics, without debate, of all questions of a personal character, and all questions relating to credentials. On the call of the previous question it was passed by an overwhelming vote. The Chair appointed the following Committee on Ethics: Drs. H. F. Askew, of Delaware, N. S. Davis, of Illinois, Calvin Seavy, of Maine, J. K. Bartlett, of Wisconsin, and S. D. Gross, of Pennsylvania.

In the evening a promenade concert was given in Horticultural Hall, and a reception in the Foyer, by the Biological and Microscopical Section of the Academy of Natural Sciences. There were exhibited beneath more than one hundred choice microcopes, arranged on two long tables appropriately lighted, numerous specimens of pathology, anatomy, microscopic photography, etc. The spectra of numerous substances were shown by the aid of five spectroscopes.

May 8. The Nominating Committee of one from each State was appointed by the State delegations.

Dr. Bronson, of Massachusetts, offered the following amendment to the By-laws:

Resolved, That the Committee on Ethics, to consist of seven members, be nominated by the Nominating Committee. Lost.

Dr. N. S. Davis, of Illinois, offered the following:—

Whereas it has been represented that the Massachusetts Medical Society considers that its delegates to the annual meeting of the American Medical Association in Washington, May, 1870, were unjustly excluded by the Committee of Arrangements; and

Whereas the action of the Committee on Ethics, at the same meeting, in refusing the right of said Committee of Arrangements to exclude the Massachusetts delegation, is not yet fully understood by that society; therefore

Resolved, That the Association acknowledge the great and effective efforts of the Massachusetts Medical Society to elevate the profession, and to suppress quackery of all sorts, and especially assure that society of encouragement and support in its present exertions to rid itself of all pretenders.

Referred to the Committee on Ethics.

Dr. F. G. Smith, of Pennsylvania, presented the Report of the Committee of Publication. It set forth that 750 copies of the Transactions of the Society had been published, at a cost of $1549.39.

Dr. Caspar Wister, of Pennsylvania, treasurer, reported that the Association last year exercised a praiseworthy discrimination in the selection of the material furnished for publication, and consequently the volume of Transactions was smaller, more compact, cheaper and more desirable to the profession than heretofore. The edition was published at a price which leaves a balance on hand for the use of the Association when it may hereafter become forgetful of its prudence, and refer a great mass of manuscript for publication. The treasurer counselled care in the adoption of prize essays, for out of this has arisen a considerable expense. The treasury is depleted annually to the extent of $200, which it can ill afford. The account current shows a balance in hand of $1005, being about $300 more than was in hand last year. The Treasurer asked the Association to bear in mind that there are discretionary powers vested in the Committee of Publication. They must publish everything which is referred to them by the sections. Referred to the Publication Committee.

Dr. J. S. Weatherly, of Alabama, presented the Report of the Committee on Medical Education. Referred to the Committee of Publication.

Dr. F. A. Ashford, of the District of Columbia, Librarian, presented his report. Referred to the Committee of Publication.

The Committee on Prize Essay presented their report, awarding the annual prize to Dr. Samuel R. Percy, of New York, for an essay on the subject of "What physiological value has phosphorus as an organismal element?"

Dr. Theophilus Parvin, of Indiana, presented the report of the Committee on Medical Literature, and advocated the publication, under the auspices of the Association, of a medical journal, instead of the annual volume of Transactions. Referred to the Committee of Publication.

Dr. J. D. Jackson, of Kentucky, presented the report of the Committee on American Medical Necrology. Referred to the Committee of Publication.

Dr. William R. Findley, of Pennsylvania, presented a resolution which declared that as the Association, at its meeting in 1869, unanimously adopted a resolution classing all who practised medicine on the "contract system" with "irregular practitioners," and as this action has excited considerable controversy in many of the

county societies, the members of which have misunderstood the meaning of that resolution, it is therefore important that the Committee on Ethics decide whether such physicians are really "irregular." Referred to the Committee on Ethics.

Dr. Sutton, of Indiana, presented a special report upon comparative pathology, and advocated the formation of a great medical library, open to all.

Dr. Woodward, of the U. S. Army, stated that the national medical library, which Dr. Sutton considers so desirable, is already in existence; that the library of the Surgeon General's Office in Washington has been furnished with funds during the last four or five years by Congress, and has been accumulating books until it now contains some eighteen thousand volumes, and that there is every probability that a large appropriation will be granted during the present session for its continuance.

Dr. Stetler, of Pennsylvania, offered the following:—

Resolved, That no report or paper which is referred to the various sections shall be referred by the latter to the Committee of Publication without first having been examined and approved by two-thirds of the members present at said section.

Indefinitely postponed.

In the evening, in addition to the hospitalities extended by citizens, the delegates were entertained with a lecture by Dr. H. D. Noyes, of New York, on "The relation of disease of the inner structure of the eye to other affections of the body," illustrated by ophthalmoscopic pictures projected upon a screen by means of the magic lantern, in the lecture-room of the medical department of the University of Pennsylvania.

At eight o'clock Professor Robert E. Rogers, of the University, delivered a brief lecture on the two subjects of the Spectroscope and Electricity. He first explained the action of the spectroscope in analyzing the light of the sun and other heavenly bodies, and also that produced by the combustion of minerals and gases, and in illustration, he projected upon a screen the spectra of several of the substances alluded to.

May 9. The following preamble and resolutions adopted by the College of Physicians of Philadelphia were offered:—

Whereas cases of accidental poisoning and of the internal administration of medicines intended only for external use are so frequent; and

Whereas every possible safeguard should be employed to prevent such accidents; therefore

Resolved, That it is recommended to all druggists to place all external remedies in bottles not only colored, so as to appeal to the eye, but also rough on one side, so that by the sense of touch no mistakes shall be possible even in the dark; and that all bottles containing poisons should not only be labelled "poison," but also with another label indicating the most efficient and convenient antidote. Adopted.

Dr. Alexander W. Stein, of New York city, presented the following:—

Whereas it has long been recognized that diseases of a dangerous and fatal nature are transmissible from animals to man, and that certain zymotic affections, which are common to both man and animals, do very frequently manifest themselves, first in the latter and subsequently in man, thus warning us that to be indifferent to the condition of the inferior animals is to introduce and create centres of diseases among ourselves; therefore

Resolved, That a committee be appointed to ascertain what measures can be instituted to prevent the extension of such diseases to man, and what sanitary measures can be effected to arrest the progress of such diseases in animals, the committee to report next year. Adopted. The Chair appointed Drs. Stein, of New York, Sutton, of Indiana, and S. D. Gross, of Pennsylvania.

Dr. Frederick Horner, of Virginia, proposed the following:—

Whereas the abuse of ardent spirits in our country has proved injurious to the health of the community,

Resolved, That the members of this Association are recommended to discourage the use of alcoholic stimuli in their practice. Adopted.

Dr. Walker, of New York, presented a resolution providing that so much of the

report of the Committee on Literature as relates to the establishment of a National Medical Journal, be referred to a special committee. Agreed to.

The president appointed the following committee: Drs. Pollock, of Pa.; Westmoreland, of Ga.; Talley, of S. C.; Walker, of N. Y.; Jackson, of Ky.; Weatherly, of Ala.; and McGuire, of Va.

Dr. Francis G. Smith, of Pennsylvania, chairman of the Committee on Nomenclature of Diseases, reported that, in accordance with instructions given to them by the Association in 1870, they had prepared a nomenclature to be adopted and observed by the practitioners of the United States. The system presented by the committee is based upon that of the Royal College of Physicians of London, with such additions and modifications as in the judgment of the committee were needed. In selecting Latin equivalents the committee had frequently departed from the English nomenclature, and so far as possible the English rather than the Latin terms have been employed.

The report had appended to it the following:—

Resolved, That the report of the Committee on Nomenclature of Diseases be referred to a special committee of five members, to be appointed by the president, who shall examine it and report upon its final disposition at the present meeting of the Association.

Resolved, That on the favorable report of said committee it shall be referred back to the Committee on Nomenclature for the preparation of an index.

Dr. Woodward, of Washington, on behalf of the minority, reported that, while they have the highest respect for the ability and learning of those members of the committee whose residence in Philadelphia has enabled them to attend its meetings and aid in the production of the report just read, they nevertheless feel it a duty to express their earnest convictions that the adoption of a nomenclature and a classification by this Association is a matter of too great importance to be acted upon hastily, and before any of the members of the Association, except a part of the committee, have had any opportunity to examine for themselves the nomenclature and classification which it is now proposed that we shall adopt. The minority of the committee had no opportunity to examine the proof sheets of this work until the commencement of the present meeting.

The resolution appended to the minority report was as follows:—

Resolved, That the nomenclature and classification just submitted by the committee be published in the Transactions; that one thousand extra copies be printed in cheap pamphlet form and distributed to the profession, and that the question of the adoption of the nomenclature and classification by this body be postponed until the next annual meeting.

The resolution appended to the minority report was adopted.

Dr. William O. Baldwin, of Alabama, presented the following report of the Committee on Nominations:—

President—Dr. Thomas M. Logan, of California.

Vice-Presidents—Drs. B. H. Catlin, of Connecticut; McPheeters, of Missouri; Pollock, of Penna.; and Briggs, of Texas.

Treasurer—Dr. Caspar Wister, of Penna.

Librarian—Dr. William Lee, of D. C.

Permanent Secretary—Dr. William B. Atkinson, of Pennsylvania.

Assistant Secretary—Dr. Montrose A. Pallen, of Missouri.

Committee of Arrangements—Drs. J. B. Johnston, J. T. Hodgen, J. P. Moore, Robinson, Kennard, Leete, Brokaw, and J. M. Scott, all of Missouri.

Committee on Library—Dr. J. M. Toner, of District of Columbia.

The place of next meeting—St. Louis, Missouri. Adopted.

Dr. Keller, of Kentucky, presented the following:—

Resolved, That so much of the report of the Committee on Education as refers to the establishment of a medical congress, consisting of an equal number of representatives from each State, is of immediate importance, and, in order to further the views thus expressed, that a committee be appointed at once to take the preliminary steps necessary to organization with instructions to report before the adjournment of this convention. Lost.

Dr. Montrose A. Pallen, of Missouri,

presented a proposition for the establishment of a National Academy of Medicine, for the purpose of elevating the standard of medical attainments and the moral worth of its members. Lost.

Dr. Logan, of California, chairman of the Committee on Public Hygiene, presented a report, in which the committee ask to be constituted a special section on State Medicine and Public Hygiene, to which all subjects cognate thereto may be referred; also that they be empowered to take such action, in connection with the authorities at Washington, as in their judgment may be deemed expedient in carrying out the objects of the resolutions.

Dr. J. C. Tucker, of California, offered a substitute recommending to Congress to establish a National Sanitary Bureau, in charge of six competent medical men, to be appointed by the Secretary of the Treasury of the United States, from physicians nominated by this Association. The substitute was, on motion, laid upon the table.

The resolutions contained in the report of the committee were adopted, after striking out the portion empowering the committee to confer with the Government at Washington.

Dr. Keller, of Kentucky, moved that when papers are referred to the Publication Committee, with instructions to that effect, they are to be published, but when without definite instructions the Committee will exercise its discretion.

The resolution was discussed and several amendments were offered. A long debate ensued upon the powers and privileges of the Publication Committee with regard to the publication of papers presented to them. On motion of Dr. Davis, of Illinois, the whole subject was indefinitely postponed.

Dr. Askew, of Delaware, from the Committee on Ethics, presented a report, which was read by Dr. Davis, of Illinois, secretary, and each section of which was acted upon by the Association immediately on being read.

In relation to the preamble and resolutions offered by Dr. Davis, of Illinois, touching the Massachusetts Medical Society, the committee recommended them for unanimous adoption by the Association. Adopted.

The committee report in regard to the official communication of the Corresponding Secretary of the Medical Society of the District of Columbia, certifying that Drs. Bowen, Bond, Williams, Crouse, Phillips and others have forfeited their membership in that society by reason of not having paid their dues for three years, and after repeated notice of the fact and its consequences—the committee recommend that their names be stricken from the roll of membership; and also the same action in regard to Dr. D. W. Bliss, who is under sentence of expulsion from that society. Unanimously adopted.

In regard to the alumni associations of medical colleges, the committee reported that it did not consider them such medical societies as were intended, by the constitution, to be eligible to membership, and hence they recommend that no delegates be received from any of the alumni associations of any of the medical colleges from any part of the country. Unanimously adopted.

In regard to the Pathological Society of Berks County, Pa., the registration of whose delegates had been postponed on account of the protest alleging the want of good standing on the part of that society, the Committee postponed action from the want of proper evidence.

In regard to the Academy of Medicine of Washington, D. C.; the Freedmen's Hospital, of the District of Columbia, and the Howard University of Washington, D. C., the registration of whose delegates had been postponed by the Committee of Arrangements on account of want of good standing on the part of those institutions, as indicated by the action of this Association in 1870 and 1871, the Committee report the facts as follows: First, that this Association, at its meeting in San Francisco in 1871, by the emphatic vote of 83 to 26, refused to so amend the constitution as to admit delegates from colleges in which women are taught and graduated in medicine, and from hospitals in which women, graduates in medicine, attend. Second, that this Association, in 1870, declared, by an almost equally emphatic

vote, that a medical society constituted in part by members who were not licensed to practise in accordance with the civil law governing such cases in certain States, is not entitled to representation in this Association. Third, that sections 3, 4, and 5 of the act of Congress, passed July, 1838, incorporating the Medical Society of the District of Columbia, and which has been the law regulating the practice of medicine in that District up to the present time, requires all persons coming into the District to practise medicine to apply for, and within six months obtain, a license to practise from the Board of Examiners, and to effect that purpose makes it a misdemeanor, accompanied by a fine of $50, to practise without such license. Fourth, that it has been proven by the testimony of several witnesses that the Medical Society of the Academy of Medicine of Washington, now contains in full fellowship at least four or five members who have never applied for and obtained licenses to practise, and yet are actually practising medicine, and three of whom are on the list of delegates sent by that society to this Association; also, that one of them is a member of the medical staff of the Freedmen's Hospital, and also that several of the faculty of the Howard University are members of the same Academy of Medicine, and one of the teachers is a woman.

In view of these facts, the committee cannot regard either of the three institutions named as in good standing, whether tested by civil law, by the former decisions of this Association, or by its code of ethics, and hence the committee recommend that the delegates from those several institutions be not admitted into this body.

After an animated discussion and the call of the previous question, this portion of the report was adopted by an overwhelming majority.

The Committee on Ethics offered the following:—

Resolved, That the members of the profession hired by the month or year for definite wages, by families, railroads, manufacturing corporations, or any money-making institution whatever, for ordinary surgical or medical practice, always excepting eleemosynary and charitable institutions and hospitals, are to be classed as irregular practitioners, and, therefore, disqualified for membership in this Association, or in State or county societies.

Dr. Weatherly, of Alabama, moved to refer this question back to the State societies. Agreed to.

In the evening a lecture, illustrated by numerous interesting experiments, was delivered by Dr. J. Solis Cohen, at the Jefferson Medical College.

May 10. A resolution was offered placing the United States Marine Hospital Service in the same relative position in this Association as the Medical Department of the army and navy, and making the necessary alterations in the constitution. Laid over for one year.

Obituary resolutions were passed upon the death of Dr. Zina Pitcher, of Michigan; and Drs. Samuel Jackson, Wm. W. Gerhard, and Samuel Henry Dickson, of Pennsylvania.

Dr. S. D. Gross, of Pennsylvania, proposed as an amendment to the By-laws, under the head of Standing Committees, that instead of a report on medical education, on medical literature, and climatology and epidemic diseases, there shall annually be delivered before the Association, at its general meeting, an address on medicine, an address on surgery, and an address on midwifery, or the diseases of children—the lecturers to be appointed by the Nominating Committee.

The amendment was laid over to the next meeting.

Dr. E. Lloyd Howard, of Md., presented a resolution for the appointment of a committee of three, to report, at the next meeting of the Association, a plan for a better arrangement of the sections, and for the more rigid examination of the papers offered for publication. Agreed to, and the president appointed on the committee Drs. Howard, of Maryland, Bronson, of Massachusetts, and R. E. Rogers, of Pennsylvania.

Dr. Alexander W. Stein, of New York, offered the following:—

Resolved, That the committee appointed by this Association in Washington, D. C., in 1870, to report on what means are ex-

pedient to prevent the renewal of prescriptions by druggists without the consent of the physician ordering said prescriptions, be continued one year. Agreed to.

Dr. Skillman, of Kentucky, presented a resolution acknowledging the services of Dr. William B. Atkinson as Permanent Secretary of the Association, and appropriating to him an annual salary of $1000.

On motion of Dr. Davis, of Illinois, it was resolved that, in view of the present prosperous condition of the treasury, the Permanent Secretary shall receive from the Association a present of $500 as a token of their appreciation of his services.

On motion of Dr. Parsons, of New York, the case of Dr. Paluel De Marmon, of New York, was referred to the Committee on Medical Ethics, with instructions to report at the next annual meeting.

On motion of Dr. Baldwin, of Alabama, a special committee was appointed, with Dr. Sullivan as chairman, to consider the relations between physicians and druggists, and report at the next meeting.

Dr. Reese, of New York, offered the following:—

Resolved, That while we admit the right of woman to acquire medical education and to practise medicine and surgery in all their departments, we deem the public association of the sexes in our medical schools and at the clinics of our hospitals as impracticable, unnecessary, and derogatory to the instincts of true modesty in either sex.

The consideration of the resolution was, without discussion, indefinitely postponed.

The President announced that as the business before the Association had been disposed of, he declared the Association adjourned, to meet in St. Louis on the first Tuesday in May, 1873.

On the adjournment of the convention, the Association visited Fairmount Park, by invitation of the medical profession of Philadelphia. After viewing the beauties of the Park, they partook of a collation at the Pavilion.

On the days of the Sessions of the Association there were exhibited in the Hall of the College of Physicians a large, varied, and novel collection of chemical and electrical apparatus, of pathological and anatomical specimens and diagrams, of chemical and pharmaceutical preparations, of medical, surgical, and obstetrical instruments, of instruments of precision, and of the recent medical publications. In the book department, which was particularly interesting, there were displayed beneath four large show-cases a number of curious, rare, and valuable prints, many of them illustrating the early history of American medical literature. Most of the latter were drawn from the valuable collections of Dr. Gilbert and Prof. Carson of Philadelphia. Dr. Gilbert also exhibited a number of portraits of men distinguished in early American medicine; among these was an original by Benjamin West of Dr. Benjamin Rush at the age of twenty-three.

Thus ended the largest and one of the pleasantest meetings of the American Medical Association that has ever been held. Assembled together under circumstances which led the less sanguine to believe that it was for the last time, the Association, on the first day of its session, by an overwhelming vote recorded its determination to prevent the agitation of those subjects which had disturbed the peace of recent meetings. And when those subjects in due course came under consideration, they were treated with the deliberation that their importance demanded, and disposed of by such an enormous majority as to justify the hope that they will not again be intruded upon the Association.

—

Calabar Bean in Cerebro-spinal Meningitis.—Dr. N. S. Davis states (*Medical Examiner*, April 1, 1872) that he has used the Calabar Bean either alone or in combination with ergot, with more apparent effect in controlling cerebro-spinal meningitis than any other remedy he has tried. The following was his prescription for a case in a child 11 years of age. "℞— Tinct. Calabar bean ℥j; Fl. extr. ergot. ℥jss." M. A teaspoonful to be given every two hours.

—

Cimicifuga Racemosa as a Preventive of Smallpox.—Dr. G. D. Norris, at a recent meeting of the Alabama State Medical Association, "stated that during the prev-

alence of smallpox in Huntsville, certain families, at the instance of some one unknown, had resorted to the free use of the *tea of the cimicifuga racemosa*, or black snakeroot of the United States Pharmacopœia (*cohosh*), *as a preventive of smallpox*. In the families using the cimicifuga, there occurred no case of the smallpox, though some were exposed to the disease. In the same families, Dr. Norris vaccinated the members, but without effect so long as they continued the use of the cohosh; after ceasing to use the tea as a prophylactic, he again vaccinated them, when the specific effects of the vaccine virus were produced. He submitted the results in these cases as new, and not without interest to the profession."—*Atlanta Med. and Surg. Journal*, April, 1872.

—

Medicinal Powers of Eucalyptus.—Dr. DAVID WOOSTER calls attention (*Pacific Med. and Surg. Journ.*, May, 1872) to the effects of the fluid extract of the Eucalyptus. He states that he has "used some gallons of it during a period of eight months in the U. S. Marine Hospital, and was surprised at its uniform and reliable effects in affections for which it is suitable. It is a diuretic of rare virtue, and may be administered when most of the diuretics now in common use are inadmissible. It is an aromatic tonic, and has notable restorative effects in low states of the system, as in typhoid fever, typhoid diarrhœa, and dysentery.

In vesical catarrh it alone cures. In spasmodic stricture it relieves with great promptness. In all affections of the mucous membranes its beneficial action is remarkable. We have treated many cases of acute gonorrhœa with no other remedy. Per contra, in syphilis it is useless except as an alterative.

It has no antiperiodic action. It relieves headache apparently as the saline diuretics do, by its diuretic action.

As an external application in chronic ulcers, it has great value.

It does not impair but rather improves the appetite.

—

Medical College of the State of South Carolina.—The following changes have been made in the faculty of this school. Dr. E. GEDDINGS has resigned the chair of Clinical Medicine, and is appointed Emeritus Professor of the Institutes and Practice of Medicine. Dr. F. PEYRE PORCHER has been appointed to the chair made vacant by the resignation of Dr. Geddings. Dr. F. M. ROBERTSON has been appointed Professor of Gynæcology and Clinical Obstetrics. Dr. J. FORD PRIOLEAU, fills the chair of Principles and Practice of Obstetrics.

—

Mortality from Smallpox in Philadelphia.—

Week ending April	27th,	deaths	. .	53
" " May	4th,	"	. .	35
" " "	11th,	"	. .	50
" " "	18th,	"	. .	29
" " "	25th,	"	. .	35

—

OBITUARY RECORD.—Died in this city, April 28th, WM. W. GERHARD, M.D., aged 63. Dr. G. was among the first to teach here the physical signs of the diseases of the chest, and pointed out, in conjunction with the late Dr. Pennock, the differential diagnosis between typhus and typhoid fever. (*Amer. Journ. of Med. Sci.*, Feb. 1837, p. 289.) In 1835, he published a short treatise on the Diagnosis of Thoracic Diseases, and in 1846, a work on "The Diagnosis, Pathology, and Treatment of the Diseases of the Chest," which reached a fourth edition in 1860. For a quarter of a century he was one of the attending physicians to the Pennsylvania Hospital, resigning about four years since.

The Medical Board of the Hospital have adopted the following resolutions expressive of their feelings on the loss the profession has sustained:—

"We have learned with regret of the death of Dr. W. W. Gerhard.

"During the twenty-five years that he was attached to the Hospital Staff, most if not all of us have occupied the positions of both his pupils and colleagues, and in that period have formed strong ties of friendship, arising from his true goodness of heart and conscientious sense of duty. In this intimate intercourse, also, our admiration of his professional talents constantly increased, he fully sustaining the great reputation he acquired both in this country and abroad. Dying, he has left

behind him a name among physicians which few can hope to attain.

"*Resolved*, That we sincerely sympathize with the family in their affliction.

"*Resolved*, That a copy of these resolutions be sent to the family of the deceased. WILLIAM HUNT, *Secretary*."

FOREIGN INTELLIGENCE.

Lostorfer's "Syphilis-corpuscles."— Dr. H. KÖBNER, of Breslau, has recently published an account of his researches on this subject. Having drawn specimens of blood from syphilitic patients, and protected them from air by receiving them into freshly blown glass bulbs with sealed capillary ends, Dr. Köbner found that, after two or three days in a temperature of 52 to 68 degrees Fahr., a few of the red corpuscles presented an indented outline; and, in the interspaces between the red corpuscles, there were colourless homogeneous vesicles, refracting light only a little more than serum, and having an indistinct contour. They differed remarkably in figure, size, and arrangement, in different parts of the same preparation; some were round, others oval, others pear-shaped; some were attached to the red corpuscles, others to the white, and others lay free in the plasma. Some of the vesicles had a minute gray mass attached; others, one or two vesicles, similar in character, but nearly always smaller, producing the appearance described by Lostorfer as gemmation. In some parts, the vesicles were collected in chains of from three to six, or in masses of as many as fifteen. The diameter of the vesicles varied from .0032 to .0015 millimètre (about $\frac{1}{7812}$th to $\frac{1}{16660}$th of an inch); a few only were nearly as large as the red corpuscles. Some of these larger vesicles had a small space in the interior. Similar vesicles were also observed in the interior of the white corpuscles. On the fourth, fifth, and sixth days, the vesicles had increased in number, and some of them had become aggregated into masses. In these masses, the vesicles were nearly of the same size— about half as large as a red corpuscle; elsewhere, they varied as before in size and form. Here and there small vesicles were observed within, or at the edge of, masses of detritus. From observations extending over three weeks, Dr. Köbner became convinced that these vesicles were neither oil-globules nor cryptogamic spores. This was shown not only by their general characters and their reaction to various chemical reagents, but also by the fact that they decreased and at last disappeared, while the *bacteria* and *mycelia* increased. Although, then, these vesicles were of no pathogenetic importance, still their exclusive occurrence (as asserted by Lostorfer) in syphilitic blood might have a diagnostic value. But, on examination, Dr. Köbner found similar appearances in the blood of patients suffering from smallpox, eczema, lupus, and acne, as well as in the blood of syphilitic patients who had been treated with mercury and iodine, and in healthy blood. The number of vesicles observed in specimens of blood from the same patient was much modified by certain accidental circumstances, especially by the rapidity with which the blood was covered in. The corpuscles were fewest, or even none, in blood which was not covered in for several minutes. Dr. Köbner then varied the method of observation in several ways. When the specimen was immediately covered in with varnish, and placed in a water-bath of 25.36 degrees Cent. (77.97 degrees Fahr.), a number of the vesicles appeared in the course of an hour; while in similarly prepared specimens from the same subject, lying in the same room, at a temperature of 50.63 degrees Fahr., scarcely one could be found. On examining the specimens from one quarter of an hour to another, he was able to see, at the end of two hours, that a number of new vesicles had been formed in the islets of protoplasm; and that, in some instances, two became joined in a round, cylindrical, or oval body. Being at first inclined to suppose that these appearances might be due to the living plasma, and bearing in mind the experiments of Binz on the action of quinia on the amœboid colourless corpuscles, Dr. Köbner compared the blood

taken from the puncture made in injecting a quinia solution in a case of neuralgia with some blood taken from a finger of the same patient, and on the next day found that the latter contained numerous vesicles, and the former none. Another similar observation, however, showed that the difference depended on some accidental circumstance; for both specimens contained the vesicles. Various observations with specimens prepared in the moist chamber, and by cementing, with or without the application of warmth, showed similar differences in the blood of healthy persons, and those suffering from smallpox and other diseases. For instance, in specimens of healthy blood cemented in immediately after being drawn, vesicles were met with in an hour, and were greatly increased in quantity when warmth was applied; while in other specimens, placed at the same time in the moist chamber, the vesicles did not appear till two, four, or five days. Dr. Köbner observed the development of the vesicles in the plasma of the blood, by using a fenestrated heated chamber, such as has been devised by Professor Cohn for observing the movements in vegetable protoplasm. As the temperature was raised, their number was perceptibly increased; and they gradually ran together here and there, until at a heat of 102 degrees Fahr. they diminished, and at 115 degrees Fahr. shrank up. As to their nature, he believes them to be vacuoles, such as were first described by Dujardin in the sarcode of infusoria, and lately studied by Cohn and Braun in the cells of plants. At a meeting of the Vienna Medical Society on April 26, Dr. Stricker remarked that no one indeed would believe that Lostorfer's corpuscles were organisms, or that they formed the essence of the syphilitic virus; and hence, after all that had been said on the subject, there was just as much obscurity as before as to their nature.—*Brit. Med. Journ.*, May 11, 1872.

Dr. F. J. Bumstead, in a letter to the *Medical Record* (May 15th), states that Prof. Stricker, than whom there can be no higher authority, and who has been carefully examining Lostorfer's so-called "syphilis-corpuscles," has come to the conclusion "that the presence of these bodies is due to the impairment of nutrition and the cachectic condition of the individual, and not to the existence of syphilis or any other one disease exclusively."

Prof. S. has examined the blood of "[illegible] persons free from syphilitic taint, [illegible] whose nutrition and vital powers were impaired by different diseases, and blood from all of them exhibited the peculiar "newly discovered" corpuscles of Dr. Lostorfer.

Further, Dr. B. states that Prof. S. [illegible] found nothing in the blood answering Prof. Salisbury's description of "crypta syphilitica."

Thus one more supposed wonderful discovery is shown to be a fiction.

—

Deaths from Chloroform.—In the No. of the *British Medical Journal* for May 4, 1872, Dr. Glascott reports a case of the [illegible] which occurred at the Royal Eye Hospital, Manchester. R. B., aged 48, had chloroform administered to him prior to the operation of extraction of both cataractous lenses. After inhaling one drachm of chloroform poured upon a towel a small quantity was again poured upon it. At the end of about five minutes more the patient began to struggle and breathe irregularly, and his heart's action suddenly ceased (during the whole of the time his conjunctiva was sensitive to the touch). At the autopsy the heart was found considerably hypertrophied and fatty.

The same journal also records another case which occurred May 1, at St. Bartholomew's Hospital. Chloroform was administered to a young man having a phagædenic sore. After a very few minutes, before the patient was fully under the influence of the vapour, the pulse ceased, and all efforts, including galvanism and artificial respiration, persisted in for an hour, proved unavailing to restore life.

—

Heat as a Poison.—It appears from some curious experiments of M. Claude Bernard that heat, when it attains too high a degree, acts on animals like a poison, and destroys feeling and motion. The

precise action of heat on the blood, according to M. C. B., is as follows: the blood of an animal killed by heat becomes black, the oxygen it contains is rapidly transformed into carbonic acid, and finally disappears. This is not a true toxical action, but rather an excitement of the vital and normal properties of the red particles. The black blood of the rabbit killed by heat is still living; it absorbs oxygen by contact with the air, and again becomes ruddy, if the experiment is tried in time. Between 167° and 190° F., however, the blood coagulates, loses its vital properties, and cannot again become red. Heat above a certain degree kills the muscles without killing the blood. The chemical character of this poisoning of the muscles by heat is the most obscure part of the subject. It now remains for chemists to analyze the phenomena which accompany the muscular rigidity and cessation of motion produced by heat, and thus to solve the problem of the precise action of this poison, as they have done in the case of certain others.

—

Myrrh in Dyspepsia.—Dr. Delioux de Savignac, (*Bull. de Therap.* Dec. 15, 1871) writing on the therapeutic properties of myrrh, observes: "The stomach is the portion of the digestive apparatus which has appeared to me to be most happily influenced by myrrh. My experience fully confirms the reality of the stomachic properties which have been attributed to it by the older writers. I have seen painful forms of dyspepsia rapidly relieved, and even cured, by the use of this gum-resin; sometimes I have given it in conjunction with other remedies, such as bismuth, magnesia, bicarbonate of soda, etc., drugs which had hitherto proved ineffectual, and sometimes I have employed it alone, so as to leave no doubt as to the efficacy of its action."—*Birmingham Med. Rev.*, April, 1872.

—

Bromide of Potassium.—It has been said that the prolonged use of bromide of potassium was injurious to the economy in many ways—notably that it caused loss of memory, diminished the appetite, reduced the weight of the body, and even predisposed to phthisis. With a view of satisfying themselves on these points, the following observations were made by the medical officers of the Sussex County Lunatic Asylum, Haywards Heath. Ten patients, four females and six males, were ordered the bromide, in doses varying from twenty to forty grains, three times a day. Their weights were taken weekly, and the effects carefully noted. It would appear from these observations that, when the bromide is given in doses not exceeding one drachm daily, it almost invariably increases the weight of the body; and that even where this dose is doubled the weight need not necessarily diminish, but rather that the chances are in favour of its increasing. The appetite was never impaired, and the functions of the secretory and excretory systems were not perceptibly affected in any instance. As regards the alleged failure of memory, no opinion could of course be formed from observations derived from insane patients; but the medical officers from whom we are quoting state that they have not, in their experience of the remedy, had any evidence in support of such a view.—*Lancet*, April 20th, 1872.

—

Brominated Camphor.—Prof. Deueffe, of Ghent, says (*Presse Med. Belge*) he has for more than two years used a combination of camphor and bromine, to which he calls attention. It is known that bromine and camphor unite at ordinary temperatures, but the product is decomposed by exposure. This compound, Prof. Swartz, of Ghent, has shown, when heated in a closed vessel, is resolved into hydrobromic acid and a crystalline monobromized camphor, i. e., camphor with one atom of hydrogen replaced by bromine. Its fusing point is 76° C, and its boiling point 274° C.

Professor Deueffe has prescribed it in the form of pills, seventy grains in thirty pills, of which he gives one every four hours till twenty have been taken, the dose afterwards increased. He finds it an excellent sedative to the nervous system, and has used it with much success in delirium tremens.—*Birmingham Med. Rev*, April, 1872.

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Its fluency and beauty of language make it as delightful to read as a standard novel.—*Edinburgh Medical Journal,* April, 1872.

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acter, began to act with increased vigour to overcome it, and carry on the circulation: while the arteries, on the other hand, contracted all the more energetically; and so, in obedience to the law that increased exercise of function by muscular fibre induces hypertrophy of structure, heart and arteries, in their strife one against the other, became hypertrophied. But when the heart is acting with increased power on the one hand, and the minute arteries are continuing their resistance on the other, the blood is at high pressure within the vessels; and if there is a weak spot anywhere the vessel will be in danger of bursting. This is what has happened in the present case, the weak point having been found in the small vessels penetrating the brain-substance from the middle cerebral artery in the posterior part of the Sylvian fissure.

The poor woman from whose body these morbid specimens were taken, was admitted under my care in September. She was for a time in the Alexandra ward, more recently in No. 2 bed in the Victoria ward, where some of you have repeatedly seen her with me, little anticipating from her appearance the sudden fate which has overtaken her. Her illness, according to her own account, dates from an attack of hemiplegia of the left side two years since, while pregnant. This seems to have been severe, as it was six months before she was able to walk about again. She got over her confinement, however, without any difficulty or complication. After regaining a fair state of health, she had within the last few months been complaining of weakness, loss of appetite, imperfect digestion of her food, discomfort after eating, etc.

She did not look particularly ill, and she presented no appearance suggestive of any special disease. Very slight traces of her old paralysis remained. Investigating the causes of her complaints, we came at once upon the fact that the urine contained albumen. This we might have suspected from the occurrence of hemiplegia during pregnancy. The amount of albumen varied considerably; there was never much, and sometimes it was absent altogether. The urine was pale, not perfectly clear, acid in reaction, and of a specific gravity of 1018, as a rule—never, so far as I know, below 1015—sometimes as high as 1020. Now this is a high specific gravity for the state of kidney we supposed to exist—contracted granular kidney—and at times cast a momentary doubt on the diagnosis. I account for it now by the fact that in one kidney the morbid change was still in an early stage. We obtained little microscopic evidence as to the kidney mischief—a few particles of damaged renal epithelium, and rare and questionable fragments of small granular casts. There was no trace of dropsy or œdema, and never had been; but in this particular affection of the kidneys we do not expect it, and, as I have said, there was no marked renal look.

But we had evidence from another source in favour of our diagnosis, the indirect evidence of the vascular system. I frequently pointed out to you the peculiar character of the pulse. On asking a student to describe it, the invariable report was that it was weak; and to the fingers placed lightly on the vessel that was the impression conveyed; there was, in effect, very little pulsatile movement in the artery. But then it was very large and very hard, and the vessel slipped and rolled about under the finger like a bit of thick whipcord, reminding one of the vas deferens among the structures of the spermatic cord, only much larger; and when it was attempted to control the pulsation by pressure with the finger nearest the heart, it was found to be a very difficult matter. Press as one would almost, the pulsation could still be felt by the two fingers on the distal part of the vessel. The first impression of weakness was thus at once removed, and the pulse recognized to be extremely strong; it was the long, hard, large pulse of high arterial tension, which gives a sphygmographic trace of gradual ascent, low elevation, rounded summit, and gentle, unbroken fall.

Then as to the heart: the area of dulness over it was extensive; its impulse was a powerful and widespread heave; the apex-

beat was conspicuously evident to both eye and hand below and to the left of its normal situation. This was of course evidence of considerable hypertrophy. A mitral murmur was reported to me by my resident medical officer when the patient was first admitted, but I did not succeed in hearing it: I thought I distinguished once or twice a smooth, feeble, systolic, tricuspid murmur; and a hæmic pulmonary murmur could sometimes be heard. I attached no importance to any murmur found to be present; but modifications of the heart-sounds of extreme interest were detected, namely, reduplication of the first sound over the inter-ventricular septum, extinction of the first sound, and exaggeration of the second over the aorta. These have recently been beautifully explained as phenomena of high blood-pressure by Dr. Sibson. To distinguish the reduplication, you must either have a double stethoscope and place one mouth over the right ventricle and the other over the left, or the common stethoscope must be planted over the septum between the ventricles. At the apex, or over the sternum, the first sound is pure and single; it is only when the sound given out by both the ventricles in their contraction is conveyed to the ear that a doubled sound is heard. This alone would suggest what is clearly brought out by manœuvring with the double stethoscope, namely, that the reduplication is due to the want of exact synchronism in the contraction of the two ventricles; that of the left is retarded by the extreme resistance to the entry of more blood into the already distended arteries, and thus the right gets a slight start. Each ventricle produces sound by its systole; and when, from any cause, the normal coincidence of the two is disturbed, the first sound of the heart, which is compounded out of the two sounds of the ventricles, is reduplicated. The diminution or extinction of the first sound over the aorta, again, is explained by the arterial tension, which prevents the left ventricle from throwing its contents rapidly into the aorta, and renders its action more gradual; while the increased pressure within the aorta, forcing back the semilunar valves with undue violence, causes the second sound to be louder.[1]

The high arterial tension so obviously indicated by the signs I have mentioned, which I repeatedly pointed out in my visits to the ward, and the cardiac hypertrophy, were corroborative of the diagnosis of contracted granular kidney. Another corroborative sign I looked for in vain: I mean the characteristic changes in the retina. My note of the appearances presented by the fundus of the eye on ophthalmoscopic examination is as follows: The fundus of the eye generally seemed paler than usual, the optic disc a little more pink; so that, though the disk was well defined, the difference between it and the surrounding retina was less marked than usual. It was small, had no appearance of elevation, and presented in the centre a white spot from which the vessels issued. The retinal artery seemed smaller than usual. No white spots or hemorrhages were seen.

The objects to be kept in view in the treatment of a case of this kind are simple and obvious. We cannot hope to undo the structural mischief already done in the kidney; in some cases we may perhaps arrest the morbid process when it is traceable to some known cause, as alcoholic excess, etc.; but, generally speaking, what we have to do is to avert, as long as possible the consequences—the accumulation of urea or other poisonous substances in the blood, and the loss of strength and deterioration of structure to which the state of the blood gives rise. The bowels must be kept open, the action of the skin must be encouraged, so as to secure whatever vicarious elimination their excretions may afford; the diet must be regulated and digestion aided; and it is generally beneficial to give the tinct. ferri muriatis. This was the line of treatment we followed, and our patient seemed

[1] The tension of the arterial walls is an element in the production of the second sound, but this and other points were not discussed. Nor is what has been said intended as a complete exposition of the relation of the modification of the sounds to the arterial tension: it was rather a reminder to students already familiar with Dr. Sibson's teaching.

decidedly better; she was relieved of the symptoms which caused her to seek admission; the reduplication of the first sound of the heart was no longer heard; the artery at the wrist was not so full and hard; once, indeed, for a few days during a brief pyrexia the peculiar character of the pulse was lost altogether; and it was expected she would soon leave the hospital greatly relieved.

The dangers to which the subjects of this form of Bright's disease are exposed are, on the one hand, uræmic poisoning, so called when the nervous system is affected, or secondary inflammation of important organs, or effusions into the great cavities, from disturbance of the normal relations between blood and tissue; or, on the other hand, rupture of a vessel in the head as a consequence of the great arterial tension. We had no special reason to anticipate any of these unfavourable effects immediately. The specific gravity of the urine seemed to guarantee the elimination of a fair proportion of the urinary constituents; the patient had not the well-known renal look; she was not old; there were no advanced retinal changes, and the arterial tension was reduced. There was, however, an element of danger, of which I was not for some time aware. The woman was five or six months pregnant. She stated all the time she was under observation that the catamenia were regular, and nothing had occurred to lead to a physical examination of the abdomen till shortly before her death, when she mentioned some uneasy sensation in the hypogastrium. I proceeded to see if any cause for this was to be found; and, coming upon the uterus, I said at once, "Why, you are pregnant." This the patient strenuously denied, repeating her statement that she had been quite regular, and was, in fact, menstruating at the time; saying, also, that the tumour I felt had been there for some time. She was a married woman and had no reason for concealing her pregnancy, unless, as it occurred to me since, she had apprehensions of danger attending it, which made her wish to blind herself to its existence; and I accepted her denial *pro tem.*, with the intention of making further investigation when the catamenial period was over. Now, without saying at all that the pregnancy was an important factor in the causation of the hemorrhage, the coexistence of pregnancy and albuminuria is a serious matter, which, had it been fully known to me, would have led me to look on the immediate future of the patient with more apprehension. But this is a point into which I cannot enter fully now, and we must come to the fatal attack, which was preceded, and perhaps determined, by two or three days of more than usually obstinate constipation.

At about 3.30 on the morning of Thursday, November 30, she was apparently as well as usual, and asked the night-nurse for drink. A few minutes later her right leg and hand were knocking against a screen which stood by her bedside. When the nurse went to her, the right limbs were thrown about, but more as if the movements were voluntary than convulsive, while the left limbs were rigid, contorted and twitching; the face was at first distorted. By the time the sister of the ward and the resident medical officer reached her, the movements of the right side were less violent; the face was equal on the two sides, but the rigidity of the left limbs was the same; the right pupil was greatly dilated, the left much contracted. The patient recognized both, and gave their names, but she could give no account of herself, or of what she felt. Later she was more quiet, but from time to time tossed off the clothes with the right hand or leg, and rubbed her head with this hand, while the left limbs remained rigid and powerless, and were at intervals shaken by a peculiar tremour; the left hand was powerfully pronated, and the fingers and wrist flexed; she resisted when the eyes were opened, seemed to resent disturbance, evidently felt a pinch on the right side, but gave no indications of sensation on the left half of the body; she swallowed fluids pretty well; no signs of consciousness beyond those first mentioned could be elicited. Soon after 3 P.M. convulsive movements again came on, and she died almost instantly. The tongue was bitten.

These details are chiefly interesting in

connection with the seat and extent of the hemorrhage. The clot lay to the outer side of the right corpus striatum and thalamus, and had torn through the fibres passing from them into the hemisphere. It extended along nearly the whole length of the ganglia, but did not turn round the anterior end of the corpus striatum. Its upper part was on a level with the intraventricular surface of these bodies. Inferiorly it was separated by a very thin stratum of nervous matter from the fissure of Sylvius, and, in my opinion, the source of the bleeding was the small branches of the middle cerebral artery here penetrating the brain-substance. Now, my interpretation of rigidity in the paralyzed parts at the onset of apoplectic hemiplegia is injury near, but not extensively or deeply involving, the motor ganglia or tract. Destructive lesion of the motor apparatus appears to leave the paralyzed limbs relaxed; pressure upon, or "irritation" of it, while its cells and fibres are still in continuity, appears to me to render them rigid. This view of mine may, of course, at any time be overthrown by facts inconsistent with it; but, at any rate, it has the support of this case, and I could give you many others.

One question remains: "Could anything have been done to postpone the fatal issue when once the rupture of the vessel had occurred?" I do not know, but had I seen the patient at once I should have bled her, simply on the ground of the antecedently known high arterial tension. We can all see now that, at least, this would have done no harm. You will not, however, from this statement infer that I recommend or practice venesection in apparent apoplexy as a rule; the very contrary is the case, and on some future occasion I hope to show you reasons for this.

Looking once more at the morbid specimens, and taking a backward glance at the history of an attack of hemiplegia in a previous pregnancy, at the comparatively slight evidence of kidney disease offered by the urine and general appearance of the patient, and at the assistance to a correct diagnosis and warning as to the kind of danger to be apprehended afforded by attention to the signs of arterial tension in the pulse and in the modifications of the heart sounds, and remembering also, as I always shall, the existence of pregnancy at the time of the final apoplexy, you will find the case full of interest and instruction.

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Abstract of a Clinical Lecture on Death from Chloroform. By J. Eric Erichsen, Senior Surgeon to University College Hospital.

Thanks to the somewhat frequent occurrence of the heading "Death from Chloroform" in the papers, the subject is beginning to excite a considerable amount of interest and apprehension amongst the public. In the profession, there has been, I think, rather a tendency to avoid the subject—to look upon the occurrence of an occasional death from chloroform as a sort of necessary price paid for the advantages of anæsthesia. Whether this be the case, whether the fatal result really depend on an inexorable fate or on some more preventable cause, is, I think, worth inquiring into. Considering the extensive and general employment of chloroform for even the most trivial of surgical operations, a death directly due to its influence is, happily, of rare occurrence. During the twenty-five years that I have been attached to this hospital, I have only witnessed one such death. It is a sight which must always produce a deep and painful impression on those present; the more so, since the administration of chloroform is by no means a necessary part of the operation; the relief of pain is in many cases nothing more than a luxury.

All surgeons will agree with me that, in extra-hospital practice especially, the administration of chloroform is that part of the operation which often gives most anxiety to the operator. In a hospital, chloroform is generally administered by some one who is in the daily habit of performing that duty. The process is watched by competent observers, and there is every appliance at hand in case of need. In private practice it is often given by the practitioner in charge, whose only experience is derived from a limited use of the drug in midwifery cases, and both the pa-

tience and peace of mind of the surgeon are upset: for, indeed, a considerable amount of practice and experience are required to enable a man to give chloroform well; some acquire the necessary skill more easily than others; but no amount of care can make up for the want of a certain amount of practice.

We must confine our attention to deaths which are *directly and immediately* due to chloroform. These may occur is three ways—by the lungs, by the head, or by the heart; from asphyxia, from coma, or from syncope.

I. *Asphyxia* may be caused (1) by tight clothing, or by anything which hinders the respiratory movements, as a large abdominal tumour; (2) by actual choking. If chloroform be given too soon after a meal, vomiting of semi-digested material is very likely to occur, and the larynx may be obstructed by it. A gag or false teeth may slip into the throat and cause choking; the tongue, also, like the other voluntary muscles of the body, becomes paralyzed when the patient is fully anæsthetized, and, by falling back into the throat, may itself cause choking. Deaths from these causes, the first more especially, have occurred most often in dentists' practice. Still, simple asphyxia is not often actually fatal, though narrow escapes are common; the signs are so well marked that they can scarcely be overlooked, and the patient can generally be recovered if assistance be at hand.

II. Death from *coma* due to chloroform is rare; still, the only case with which I have been personally connected was due to this cause. The patient was suffering from chronic Bright's disease, and had slight symptoms of uræmia. The administration of chloroform had not proceeded far when convulsions occurred, followed by coma and death in about an hour. In this case, at all events, the mode of death was evidently predisposed to by the poisoned state of the blood.

III. We come at last to that part of the subject to which I wish more particularly to direct your attention—the death from *cardiac syncope*, as it is called. This is to me a very puzzling mode of death, as difficult to account for as it is to guard against. I presume that by the term "cardiac syncope" is meant atony and failure of the heart's action. This is an easy explanation, but not altogether a satisfactory one. Amongst the numerous experiments which have been made with chloroform, I do not know of any which prove that it has any direct syncopal action on the heart, or even any indirect toxic action on that organ through its nerves. Still there is no doubt of the fact, that people do die without much disturbance of respiration, without becoming distinctly livid in the face; the pulse fails; that is the first thing noticed, and they are dead.

Now, my own idea is, that these are really cases of asphyxia; that the heart is secondarily, not primarily, affected; and my explanation would be as follows. After death we find in these cases a weak, fatty heart; the valves, indeed, healthy, but the walls thin, and the muscular tissue pale and degenerated. Now, chloroform has always, especially at first, a slight asphyxial tendency; the patient calls out that he is choking, tries to pull away the inhaler, and breathes deeply, then struggles and holds his breath for a few seconds. In a healthy man this soon passes off, the inconvenience is merely temporary; but with a fatty, enfeebled heart, it is different—the patient holds his breath for a few seconds, the right side of the heart is soon filled, there is weak propulsive power, the organ cannot recover itself, and the result is fatal.

Some years ago, I made numerous experiments on death by asphyxia in animals; and I found that if once the ventricular action were stopped, if a contraction were missed, it was most difficult to start again—generally all was over. And this is what happens in these cases; the ventricle cannot be emptied quickly enough, the rhythm is lost, and almost instantaneous death ensues. The patient, then, does not die from the direct action of the chloroform on the heart, but from the effect of a slight asphyxial condition, which is inseparable from the administration of this agent on a disorganized heart. After death, you may not find the right side of the heart greatly engorged; first,

because great engorgement is not necessary to cause a fatal result; and, secondly, the blood, even many hours after death from chloroform, is found unusually fluid, so that the dependent parts of the body are congested and the heart is left comparatively empty. Then, also, artificial respiration is always set up in these cases, and this tends to diminish the cardiac plethora.

Finally, a few cautions. Never give chloroform without first thoroughly loosening the dress; if possible, not within four hours of a meal; the head should be moderately raised; the pulse, respiration, and colour of the face, must be carefully watched. As regards the occurrence of the rigid spasm already adverted to, I do not think that sufficient attention has been directed to this condition. A patient with an enfeebled heart is then in a most dangerous, even critical, state; the chest-walls are fixed, the lungs are filled with chloroform-vapour, which becomes diffused but cannot escape, the pulmonary circulation is obstructed, and the pressure on the right ventricle rapidly increased. Let the patient partially recover, then give it again slowly; watch for any blueness around the mouth, etc. If the pulse fail, draw forward the tongue with forceps, and set up artificial respiration at once; but prevention is the main point. When there is well-marked asphyxia, artificial respiration is most useful, and generally successful; but in these cases of so-called "cardiac syncope," it is generally useless; the heart has been barely able to meet the ordinary requirements of the system; it cannot recover lost ground; it gives in, as it were, at once.—*Brit. Med. Journ.*, June 8, 1872.

HOSPITAL NOTES AND GLEANINGS.

Operations by Sir Wm. Fergusson at King's College Hospital.—Amputation of the Hand at the Wrist.—Sir Wm. Fergusson exhibited a man with an excellent stump, after amputation at the wrist, where the processes of the radius and ulna had been left. He advised that these processes should not be sawn off when healthy, as the breadth of the stump at the end of the arm was useful rather than otherwise.

Vesico-vaginal Fistula.—Ten days before, Sir William Fergusson had put in three stitches, with the hope of completely closing the fistulous opening. It had originated in the vaginal operation for stone nine years before. At that time, the healing process failed, and the operator had not again closed the wound. The patient was very young when operated upon for stone, and it was not easy then to stitch the wound. Sir William Fergusson saw her some time ago, and advised her to come into the hospital, in the hope of closing the wound by suture; but the operation has been partly unsuccessful. To-day the girl said that the parts were quite dry, and on that supposition he proceeded to take out the stitches; but she had not given a correct account of herself, for urine was dribbling freely through the wound. He removed the stitches, but thought it unadvisable to do anything further then to the wound. He said that three or four operations were sometimes necessary in a case of this kind, just as for cleft palate.

Dislocation of Astragalus.—A man came into the hospital in consequence of having injured his ankle by a fall. The astragalus was dislocated outwards, and there was a good deal of effusion about the joint. On first looking at it, Sir William Fergusson thought that there might be a fracture; but as he could not freely manipulate the parts when the man was under chloroform, he concluded it to be a dislocation. He attempted its reduction with the aid of three or four assistants, but was unsuccessful. He then divided the tendo Achillis and made the same trial, but again failed. What was next to be done? He thought he would not be justified in removing the astragalus, and therefore determined to place the foot on a straight side-splint. He had seen tolerably good and useful feet after such a displacement, particularly if no violent inflammation set in, disorganizing the joint, and he hoped this would be the case with the present patient.

Aneurism at Base of Neck.—For this aneurism, Sir William Fergusson had tied

the subclavian artery on May 25, five days ago. All had gone well till to-day after dinner, when a sudden gush of blood from the wound occurred. Mr. Rowe, the house-surgeon, immediately came to the assistance of the patient, and succeeded in stopping the bleeding by putting strong pressure on the wound. What seemed peculiar in this case was, that the usual time for secondary hemorrhage had not arrived. Had this been the ninth or twelfth day after the operation, it would not have been out of the ordinary course of things; but as it was only the fifth day, the hemorrhage could not be looked upon as simply secondary. There have been several cases of secondary hemorrhage following in succession in this hospital. In the case of a lad with a wound in the lower part of the thigh, there was repeated formidable bleeding; and the superficial femoral artery was about to be tied when it ceased, and he went on favourably afterwards. A few weeks ago, Sir William Fergusson took out some dead bone in the same locality, where there was great risk to the popliteal vessels. Great secondary bleeding came on, and only stopped after several stuffings of the wound. A girl, also, from whom he removed a tumour under the sterno-mastoid muscle, had profuse bleeding, of an apparently venous kind, coming from the great vessels at the root of the neck; and her case is now very critical, it being a question whether the wound should not be reopened and the internal jugular tied. In the mean time great pressure checks it, and Sir William thinks it most to be trusted.—*Brit. Med Journ.*, June 8, 1872

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Excision of the Knee-joint for Gunshot Wound; Recovery.—Excision of the knee-joint for gunshot injury has proved so notoriously unsuccessful in military surgery, that authorities on the subject are generally disposed to condemn it. An exception to the general rule of fatality has, however, been recorded by Dr. E. Ritzmann, of Berlin, in the *Berliner Klin. Wochenschrift* for June 3. The case was that of a Prussian soldier, aged 24, who was shot through the right femur, close above the knee, at the battle of Gravelotte, on August 18, 1870, and on October 13 was brought to Berlin in an ambulance train, under the guidance of Professor Virchow. Considerable suppuration set in, attended with severe remittent fever; and, on November 9, the joint was excised by Dr. König. The limb was put up in plaster of Paris, the joint being left exposed, and a drainage-tube being inserted to allow the escape of pus. The progress of the case after the operation was remarkably favourable, there being only temporary febrile disturbance in December and January; and, when the patient was discharged on May 23, 1871, there was complete ankylosis of the limb in a slightly bent position, with shortening to the extent of 2½ inches. On September 26, the patient gave a favourable account of his condition.—*Brit. Med. Journ.*, June 8, 1872.

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Severe Chronic Rheumatism mistaken for Disease of the Spinal Cord. By J. Lockhart Clarke, M.D.—J. B., æt. 33, for eight years on police force, was compelled to leave in consequence of protracted illness. Eleven years ago he had chancre, but no secondary symptoms. During his service in the police, he frequently got severe colds, sometimes in consequence of rain dripping from the edge of his cape on to his loins and the back of his knees. About two years ago, he began to feel very severe pain across the loins and along the spine, accompanied at first by severe and obstinate vomiting. The pain in his back was constant, night and day, and for some time he was quite unable to bend forward. On getting better, he continued on duty for about three months, during which he was under the care of the divisional surgeon, who cupped him on the back and prescribed for him, but without relief. Some time afterwards he went into one of the metropolitan hospitals, where he had blisters and actual cautery to the spine, hypodermic injection of morphia, warm baths, and medicine. After a month of this treatment he left the hospital unrelieved, with severe pain, weakness, and numbness and trembling of the legs. During the next three months he was un-

the care, first of the divisional sur-
, and then of another practitioner,
used the hypodermic very freely, but
only temporary relief.

hen I saw him a few months later, he
pallid and emaciated, complained of
s along the legs, with trembling on
ding, some numbness of the feet, and
re lumbar pain with stiffness, which
rented him from standing erect. The
s were incessant night and day. I
scribed for him the following draught,
e taken every four hours. ℞ Potassii
di gr. x; aquæ camphor. ℥iss; spir.
roformi ℥ss. He had no applications
he back. On seeing him two days
rwards, he told me that for the first
during the last two years he was
ost entirely free from pain, and felt
self nearly well, with the exception of
kness. He continued the same medi-
at longer intervals, and before the
of a week not a vestige of pain re-
ied. He then took nitro-hydrochlo-
acid with some bitters, and en-
y recovered his health and strength.
more than two years he has kept a
ic-house in Rochester Row, Westmin-
and has never had any return of his
plaint, except on catching cold, or in-
ing too freely in drink, when he has
ys resorted to the same medicine with
iling relief.

though his case, as the patient told
had been considered as an affection
ie spinal cord, there can be no doubt
it was one of protracted and deep-
ed rheumatism, affecting the liga-
ts of the spinal column, and involving
sheaths of the spinal nerve-roots,
plicated perhaps with syphilitic taint,
he early history of the case, and the
remarkable success of the treatment
ht lead us to infer.—*Brit. Med. Journ.*,
4, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

apid Death from Stings of Bees. By J.
ANDERS, M D., Carrollton, Mississippi.
pril 18, I was called to a plantation
miles distant to see a patient stung
ees. Mr. S., an intelligent man, gave
the following account. Louis ——, a negro, aged about 45, climbed a tree where bees had swarmed on a limb, for the purpose of hiving them, carrying with him a saw. As soon as the limb commenced falling, the bees arose *en masse* and covered his head and face. He descended immediately, and, as soon as he reached the ground, commenced running as fast as he could; ran around three sides of a yard, some two hundred steps, passed through an open gate and fell to the ground. Mr. S. ran to him with a bottle of spts. camphor, and succeeded in forcing him to take one swallow, the patient protesting at the time against assistance, declaring that he would certainly die. After two or three irregular and partial respirations he expired. Mr. S. thinks it could not have been more than five minutes from the time he was attacked by the bees before he breathed his last. When I arrived, about an hour and a quarter after the accident, I could, on careful examination find no signs of life. He was a vigorous, muscular man, and in perfect health, so far as I can learn. Was death due, in this case, to direct nervous shock, or to absorption of virus, or both?

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Morphia and Chloral in Combination. By R. H. FISHER, M.D., of Kennekuk, Kansas.—For the last year I have used morphia and chloral combined, with the best results. A single example will illustrate this. Last winter I was called up late one night to see a fellow practitioner suffering intense agony from rheumatism. His wife had already given him about a grain of morphia without relief. I immediately administered ten grains of chloral, and in ten minutes he was free from pain.

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Cotton Wool as a Surgical Dressing.—Dr. WM. WARREN GREENE, Professor of Surgery in the Medical School of Maine, states (*Boston Med. and Surg. Journ.*, May 23, 1872) that for the last five years he has used cotton wool almost exclusively as a dressing for wounds where he desired or expected union by first intention, and that Prof. Robinson, of Portland, has also used it for many years. Prof. G. prefers the French wadding which is made

of the purest cotton, and for the employment of which he acknowledges himself indebted to Prof. R. After quite an extended observation of its merits as a light, neat, elastic dressing, simple and easy of application, and especially agreeable to the patient as compared with other appliances, and finding that, apparently, the healing process under its influence was remarkably rapid and favourable, it occurred to him that there must be some other quality operating than those mentioned which contributed to the, sometimes, wonderful results; and this quality he regards as its capability of filtering the air of all spores or germs. With this view he has extended its use to the treatment of abscesses and suppurating surfaces, as well as to that of simple incised wounds. "I feel very sure," he says, "that any surgeon, having once given it a fair trial, selecting a pure, nice article of wadding, will never use any other dressing for simple incised wounds; and while I attribute much to the lightness and *elasticity* of the material, through which we secure, with comfort to the patient, equable, elastic pressure over the entire surface, I am inclined to attach great importance to its action as a filter." "In all cases," he adds, "of recent wounds dressed with cotton wool, when the compress was so carefully applied as to exclude air around the edges, whether the wounds were closed or open, incised or lacerated, we have never seen a drop of pus upon raising the compress the first time. When oozing has occurred, we have found the cotton coated with dried blood and lymph, but no *pus*.

"I may state, parenthetically, that after such a dressing I am very slow to disturb the dressing so long as no symptoms of inflammation are developed. Avoiding, if possible, all lotions, fomentations, or anything of the sort, I am anxious to retain the primary dressing as long as practicable."

This mode of dressing wounds is identical with that adopted by M. Guerin (see No. of the *American Journ. of Med. Sciences* for Oct., 1871, p. 561) and the explanation of its *modus operandi* given by both is the same. Who has the priority in the use of this dressing we are unable to say, but M. Guérin has undoubtedly the priority of publication, and the statements of both are valuable as confirmatory of each other's results.

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University of Louisiana.—The following changes have been made in the Faculty of the Medical Department. Prof. Warren Stone has resigned the chair of Surgery, and Dr. T. G. Richardson that of Anatomy. The latter gentleman has been transferred to the chair vacated by Dr. Stone, and Dr. Samuel Logan, late of the New Orleans School of Medicine, has been elected to fill the Anatomical chair rendered vacant by the transfer of Dr. Richardson.

—

Bureau of Medicine and Surgery U. S. Navy.—Dr. JAMES C. PALMER has been appointed chief of this Bureau in place of Dr. J. M. Foltz, retired from active service.

—

Boylston Prizes.—At the Annual Meeting of the Boylston Prize Committee, held June 8, 1872, a prize of $200 was awarded to J. Collins Warren, M.D., of Boston, for the best essay offered on the subject of "The Pathology of Malignant and Semi-Malignant Diseases." A prize of $150 was also awarded for the best essay on the "Pathology and Treatment of Sunstroke," to Dr. Horatio C. Wood, Jr., of Philadelphia.

—

Mortality from Smallpox in Philadelphia.

During the week ending June 1 . . . 41
" " " 8 . . . 24
" " " 15 . . . 19
" " " 22 . . . 19

FOREIGN INTELLIGENCE.

Early Calculous Disease and its Treatment.—SIR HENRY THOMPSON (*Lancet*, Jan., 1872) confining his remarks to the uric (chiefly) and oxalic varieties, regards the tendency to calculous disease as hereditary. A uric acid deposit becomes of importance only when it is persistent. Gravel and gout alternate in generations, or in the same individual. Uric acid and gouty symptoms are due to weak liver

ork being handed over to
ad feeble intestinal action.
alkalies generally, merely
ic acid for the time being.
in excess The best treat-
purgation by mineral wa-
shall and Carlsbad being
e diet should be sparing.
le no alcohol in any shape,
possible of fatty and sac-
.—*Birmingham Med. Rev.*,

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isease.—Prof. BÉHIER has
Hôtel Dieu of Paris, a
d lecture on the above dis-
ludes that much obscurity
ecting the histology and
s suprarenal capsules; and
roved that in those bodies
er of developing the bronze
ld be inclined to say that
n just named may accom-
ided state of cachexia.—
1872.

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it of Hyperæsthesia of the
gina. — M. GUÉNEAU DE
es Hôpitaux, June, 1871) is
d to the treatment adopted
by Sims, and he thinks
mbination of therapeutic
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den dilatation, will often
o deep incisions unneces-
often obtained the most
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assium . . 30 centigr.
adonna . . 10 "
tory he introduces every
se is continued for two or
Birmingham Med. Rev., Jan.

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Remedy for Sick Headache. (*Paullinia sorbilis*) is a fa-
in France for sick-head-
is forms of neuralgia, and
favour in Germany and in
Recently Dr. WILKS and
ave called attention (*Brit.*
pril 20 and 27, 1872) to it
in England. "The seeds, roasted, bruised, and pressed into cylindrical masses, constitute the guarana paste, which, when finely pounded, is then known by the name of Paullinia powder. This is light brown in colour, has an odour faintly resembling roasted coffee, and a bitter astringent taste. It contains, in addition to empyreumatic oil (developed by the process of roasting) and tannic acid, guaranin, a substance identical in composition with caffein. The large proportion of tannic acid in its composition renders its action very efficacious as an astringent; whilst, owing to the guaranin, it has much the same effect on the nervous system as tea or coffee."

It is given in powder in doses of ten to fifteen grains or more, once or oftener in the day, either mixed with water or sugar. In some cases it relieves very promptly. Dr. Wilks says, in some instances it acted like a charm, in others its effects were doubtful, and in others it entirely fails. The article can be obtained in this city from Mr. Frederick Brown, N. E. corner of Chestnut and Fifth Streets.

—

Condurando in Cancer.—Two cases of cancer treated by condurando in the Bradford Infirmary, England, are reported in the *Brit. Med. Journ.* (May 18, 1872). In one the drug had no effect, and in the other the cancer extended more rapidly during its use.

—

Salts of Quinia.—MM. CHAUFFARD and BRIQUET, and some other members of the French Academy of Medicine, maintain that the tannate of quinia is inert, while M. Mialhe thinks it exerts some influence but at the same time he pronounces it to be a detestable salt. With regard to the sulphate of quinia, he says it "should never be employed as a basic sulphate, but as an acid salt. In this acid state the sulphate may compete with all other salts the base of which is quinia; for it should be noticed that it is the quinia itself, and not its saline combinations, which acts. The acid only serves as a vehicle for the introduction of the quinia into the blood; in the latter the quinia is set free by means of the alkaline or earthy bicarbo-

nates which the blood contains, and then its modifying action begins. It is a mistake to believe that the sulphate of quinia, when this salt is administered, can be traced in the urine; the salts traced are the acid phosphate of quinia associated with the phosphates of lime and magnesia."

—

Medicinal Uses of Oil of Amber.—Mr. T. T. GRIFFITH informs us (*Brit. Med. Journ.*, April 20, 1872) that a patient, in rapidly declining, suffered from constant hiccough for two or three days, and, at the advice of an old practitioner, he gave five drop doses of oil of amber, with as much liquor potassæ and laudanum, and the relief was immediate and complete. "In my own hands, and those of my medical friends," he says, "oil of amber has been an unfailing remedy, and at this time is the only means of arresting an exhausting hiccough in a patient dying of chronic vesical catarrh. I suppose that it formed the basis of Roche's embrocation—by no means a contemptible remedy in whooping-cough; and I have seen much good from its administration in the advanced stage of the disease. In the chronic state of eczema on the scalp and surface generally, its free application has been of marked benefit. It had also served me in good stead in a case of distressing cramps of the extremities. The patient, while on a temporary visit to the country, was, for the latter weeks of pregnancy, nightly tormented with severe cramps in all the extremities, obliging her to have an attendant in her room to change her posture or rub the limbs. Ordinary remedies, local and general, had no effect; and, believing that the oil of amber did in a great degree control muscular spasm, I gave the patient the medicine with the effect of stopping the spasmodic contraction of the muscles. In her case, its beneficial effects were very marked. The combined drugs, apart from the oil of amber, had no salutary effect whatever. In the *Pharmacopœia* of 1809, it was introduced, combined with ammonia, as "spiritus ammoniæ succinatus." The mixture taken by the lady was as follows: ℞ Olei succini ʒss; liq. potassæ ʒj; tinctur. camph. comp. ʒss; aquæ menthæ piper. ad ʒvi. M.: an ounce to be taken at bed-time.

—

Tetanus following Hypodermic Injection of Quinia.—Surgeon ODEVAINE reported (*Indian Med. Gaz.*, April, 1871) a case of tetanus following the hypodermic injection of quinia, and in the No. of the same journal for May, 1872, two more, which occurred in the jail hospital. In these two cases the injections were given by a native doctor, who states that the quinia was given in a perfectly clear solution. An abscess formed at the site of puncture in a few days, and both men died within twenty-four hours of the first appearance of tetanic symptoms.

Surgeon O. states: "In the cases in which I have myself employed the neutral quinia, dissolved in distilled water, in the proportion of 4 grains of the former to 40 minims of the latter, no irritation has resulted. I think it but right to make known the fact that tetanus does occasionally occur as a result of the hypodermic use of quinia, and to record my opinion that this medicine should only be employed subcutaneously, when its administration by the mouth or rectum is, owing to great gastric irritability, or the presence of diarrhœa, inadmissible.

—

Diabetes produced by Oil of Turpentine.—ALMEN (*Neues Jahrb. der Pharm.*, xxxiv. p. 113) found sugar in the urine of several patients after they had taken 100 drops of oil of turpentine. It disappeared on the day after the medicine had been discontinued. It was not produced by copaiba or by cubebs.—*Brit. Med. Journ.*, May 11, 1872.

—

The Aspirator in Surgery.—M. LABBÉ, a young surgeon and *agrégé* (sub-professor), has been doing wonders with the capillary or aspiratory trocar—the instrument patented by Dieulafoy, of Paris. M. Labbé informed me, while on a visit to the Hôpital de la Pitié, that he had, the previous evening, punctured the bladder above the pubis of an elderly gentleman who was suffering from retention of urine resulting from an enlarged prostate. This was done with the above-named instru-

at, and 700 grammes (about 22 ounces) urine were drawn off at one sitg. Several ineffectual attempts had n made to introduce a catheter, which led in making a false passage towards rectum. M. Labbé prefers Dieulafr's trocar to the other methods in vogue, being perfectly innocuous, the wound aling immediately. He had performed e same operation several times—both in s nosocomical and private practice, and tends submitting his observations to the cademy ef Medicine. A very interesting esis has been written on the subject by r. J. Watelet. In the case under notice, . Labbé was to relieve the bladder in is way once or twice in the twenty-four urs, according to the urgency of the mptoms; and that he will repeat daily til the wound in the urethra is healed, ien he will resort to other means for e removal of the cause of the retention urine. I may here observe that many rgeons already predict one great disadntage in this new method—not to the tients, but to the future generation of rgeons—as catheterism, which even wadays is so little confided to students, ould run the risk of being altogether put ide. This capillary or aspiratory trocar, tended at first only as an exploring inrument, was not much larger than an dinary urethra-syringe. This was gradlly increased in size, and was then emyed for opening large abscesses and vities containing liquid. M. Collin, succssor to Charrière, has still further imoved the instrument, in such a way that may be used not only for emptying absses and cavities, but for washing out injecting these, and it is of a size conining from 120 to 160 grammes that ese operations may be performed without deranging the instrument. This new ocar is, I think, destined to render great rvice both in medicine and surgery; and struck me that it would be preferable the ordinary lancet in venesection, as e risk of air entering the vein is *nil*, in ich case the needles would of course ve to be made a little thicker, so as to ve a good and uninterrupted flow, and e ligature above the elbow may be dismsed with.—*Med. Times and Gaz.*, May 1872.

Inoculation of Tuberculous Matter in the Human Subject.—Messrs. Paraskeva and Zallonis, of Syra, in Greece, have published in the *Gaz. Méd. de Paris* (April 27, 1872), an account of five experiments on rabbits, wherein tuberculous matter, either mixed with the food or inoculated, excited deposits of the same kind in the lungs, thus confirming Villemin's investigations. The authors attempted besides a bolder experiment, and inoculated a fisherman of fifty-five years of age with tuberculous matter on the upper part of the thigh. This man was suffering from gangrene of the great toe, in consequence of obliteration of the femoral artery. He steadily refused amputation, and the authors considered themselves justified in undertaking the experiment. The patient died thirty-seven days after the inoculation, and had never been ill before in his life. Seventeen tubercles in the first stage of development were discovered in the apex of the right lung; two were of the size of split peas, and the others as large as mustard seeds. Two more tubercles were observed in the apex of the left lung. The liver looked healthy, but presented two tubercles on its convex surface of the size of peas. The authors conclude that they have proved their point, but it should be recollected that, in ordinary autopsies, tubercles are often found when their existence from the history could hardly have been suspected. As for animals, it may always be asked whether we can, in all cases, conclude that the phenomena observed upon them would be the same upon man.—*Lancet*, June, 8, 1872.

—

Chemical Composition of Pus.—Hoppe-Seyler (*Med. Chem. Untersuch.*, 1871, 486–501) has obtained results which are interesting in reference to the question of the origin of the pus-corpuscles and their identity with the colourless and lymph corpuscles. He introduced fresh crystalline lenses of the ox into the abdominal cavity of dogs, and analyzed them after a period varying from one to fourteen days. As was expected, the lenses became infiltrated with lymph-corpuscles. Glycogen was found in greatest abundance at the eighth day, at which period they con-

tained the greatest number of contractile corpuscles. The glycogen is due to these corpuscles. If the lenses were not plunged immediately into boiling water, but allowed to stand for some time, no glycogen was found, but in its place sugar. In the pus of congestion-abscesses, no glycogen occurred. The occurrence of glycogen, therefore, may be taken as a means of distinguishing lymph from pus-corpuscles. When glycogen is found in abscesses, it will be found to coexist with the presence of numerous contractile corpuscles. Lymph-corpuscles, therefore, by their transformation into rigid pus-corpuscles, become deprived of their glycogen.—*Brit. Med. Journ.*, May 25, 1872.

—

Chloralum and Preparations of Chloralum as Disinfectants.—Prof. A. FLECK, Director of the Central Chemical Institution established at Dresden for the protection of the public health, has made a thorough investigation of the composition and value of these products, and with the following results:—

1. The preparations of chloralum have nothing in common with the similarly sounding chloral hydrate, and are, in point of fact, mixtures of chloride of aluminium. 2. The preparations of chloralum contain chlorine combinations of lead, copper, and arsenic, which renders their employment not free from danger, and which would render their employment as a medicine or as an astringent for open or suppurating wounds dangerous. 3. The price of the preparations of chloralum bears no relation either to their nature or their effect. Considering that the liquid chloralum yields a clear profit of at least 700 per cent., and the wadding 400 per cent., the limits of honest trading may be considered as overstepped. 4. The result of these experiments is that chloralum and the preparations made from the same must be classed among the worthless arcana, and in the interest of the public health, as well as in the material interests of the public, a most decided warning must be given against the purchase of the same —*Amer. Journ. of Pharm.*, June, 1871, from *Chem. Rev.*, March, 1872, and *Industrie Zeitung.*

On the Relative Power of Thirty-four Substances to prevent the Development of Protoplasmic and Fungus Life, and in arresting Putrefaction.—Dr. CRACE CALVERT read a paper (Feb. 20th last) on this subject before the Royal Society. The substances under examination were classed under the following heads: acids, alkalies, chlorine, sulphur, phosphates, tar, sulpho-carbolates, and miscellaneous. By experiments extending over many months it was ascertained that the acids, among which are named nitric and sulphuric acid, retard vibrionic life, while they allow fungi to appear soon. In the alkali group there is no prevention of vibrionic life, although in the case of lime its development took thirty, and in the case of soda twenty-three days. Among the combinations of chlorine fungi appear late, vibrios not at all, at least not within eighty days. The author mentioned that Dr. Duvergie, Inspecteur-Général des Cimitières de la France, prefers, for the purpose of preserving corpses for inspection, letting water trickle on them constantly, to using bleaching powder, which, in his estimation, only accelerates putrefaction. None of the constituents of the sulphur group prevent fungous or vibrionic life. The same with phosphates. In turpentine vibrios appeared after forty and fungi after forty-two days. In sulphate of quinia vibrios appeared after twenty-six days, but no fungi during the entire period of the experiments. The author, in connection with this fact, called attention to the theory of the fungus developed in the blood in the case of intermittent fever. On the whole, it was found that, in accordance with these experiments, the thirty-four substances can be grouped as follows: 1. Those which prevent the generation of fungi and vibrios—viz., cresy[illegible] and carbolic acid. 2. Those which prevent the development of vibrios, but not that of fungi: such are bichloride of mercury, chloride of zinc, etc. 3. Those which prevent fungi, but not vibrios, to develop—viz., sulphate of quinia, pepper, etc. 4. Those which prevent neither the one nor the other. From his experiments as to the power of destroying microscopic life, by the addition of these substances

)r. Calvert found none thoroughly effi-ient.—*Lancet*, March 30, 1872.

—

Confession no Proof of Guilt.—The *Lyon Médical*, of April 28, 1872, refers to the ase of a girl, aged twenty, supposed to e seven months pregnant. After an at-ack of hemorrhage her size seemed to ave considerably diminished, and the irl, being closely questioned on the sub-ect, said that, becoming aware of the dis-harge, she repaired to the closet, where he stayed ten minutes. She added that ll had escaped, but that she had not time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no fœtus had been found in the closet. Perhaps, it was sug-gested, she had thrown it into the pigstye. The poor creature at first denied such a thing, but at last confessed that it was so A search was made, but no child was dis-overed. She was tried for concealment f birth, on her own confession, and sen-enced to six months' imprisonment. The irl had not been taken into custody in onsideration of her free confession, and e quietly proceeded to the gaol. When mitted it was found that she was far vanced in pregnancy, and soon gave th to a healthy girl. By the French r she could no longer appeal, as more n ten days had elapsed since the ver-t; but the judge, having the power of pealing within two months, did so, and girl was acquitted.

This case shows that confession, which looked upon as the clearest proof of ilt, cannot always be relied upon. And hat shall we say of the surgeon and the idwife? The examination was probably urried and incomplete, and the conclu-ion arrived at on seeing the signs of re-ent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.—*Lancet*, May 18, 1872

—

One Source of Skin Disease.—A corre-spondent of *Nature*, who signs himself "R. M." states that he has satisfied him-self that certain attacks of eczema of the face to which he was formerly liable were due to the use of impure soap for shaving purposes. He declares that the "prime old brown Windsor soap" of the perfum-ers' shops is chiefly manufactured from bone grease. This, as extracted from the bones by the action of boiling water under pressure, is of a dark tarry brown colour, and of an abominable odour. By various processes it is more or less defæcated, bleached, and deodorized, and is separated into two or three different qualities, the most inferior of which goes to the forma-tion of railway or other machinery greases, whilst the better kind is saponified and highly perfumed. The natural brown colour of the grease gives it the right tint in the cheapest way without the colouring by caramel, which was the original method of manufacture. Some bars of brown Wind-sor soap contain a rich admixture of small, sharp, angular fragments of bone, which, before boiling, were putrid. "R. M." states that, on three separate occasions, shaving with such soap, whilst he was otherwise in perfect health, induced an attack of eczema, which resisted medici-nal treatment but disappeared on ceasing to use the soap.—*Lancet*, April 27, 1872.

—

Bread made with Sea-water.—M. Rabu-teau calls attention to the importance of this article. In the first place it is very pleasant eating, also increasing the appe-tite and stimulating digestion. On board ship bread so prepared has been found very conducive to the preservation of health during long voyages. It also ex-erts important medicinal effects, especially in dyspepsia. In phthisis and in scrofula the author states it is a powerful adju-vant.—*Med Times and Gaz.*, Feb. 3, 1872, from *L'Union Med.*, Jan. 6, 1872.

—

Obituary Record.—Died March 13, 1872, after a long and painful illness, aged 63, M. Michel Lévy, Grand Officer of the Legion of Honor, formerly President of the Academy of Medicine, and one of the most eminent of the French military sur-geons

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UERSANT ON SURGICAL DISEASES OF INFANTS, ETC. 8 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Tracheotomy. By HN WOOD, F.R.S., Surgeon to King's llege Hospital.

GENTLEMEN: Since we last met, before Christmas vacation, there have been e or two cases requiring tracheotomy in wards of the hospital. As this operan is usually called for on an emergency, seldom happens that the whole class ve an opportunity of seeing the conions which demand the operation, or of imating the manner in which it can be ne most expeditiously and safely. The ctators of the operation are mostly se who are employed in continuous ices in the hospital, with some whose constant and steady zeal for practical knowledge overcomes the tendency to absent themselves from the hospital except when their presence is expected on stated occasions. Yet it is not the less desirable on that account to lay before you as a class the reason why, and the manner how, an operation so important and so frequently called for should be performed. It is one which all of you who practise your profession will at some time or other be called upon to perform. And it must usually be performed urgently, immediately, and with a decision which can only be properly obtained by a premeditated consideration of all the possible contingencies that may arise, of all the instruments that may be required, and with a fair knowledge of the anatomy of the parts concerned.

Published monthly by HENRY C. LEA, Nos. 706 & 708 Sansom Street, hiladelphia, *for One Dollar a year; also, furnished* GRATUITOUSLY *to all subribers of the "American Journal of the Medical Sciences," who remit the nnual Subscription, Five Dollars, in advance, in which case both periodicals e sent by mail free of postage.*

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In the first place, I must premise that there are no less than three operations for opening the windpipe in cases of obstruction to the respiration in this part of the respiratory passage, each of which possesses advantages that render it the most properly applicable in certain circumstances. These I propose briefly to lay before you in this lecture. To enable you the better to understand why they are severally more fitted we must consider the operations themselves and the site in which they are performed.

The operation of *laryngotomy*, as being placed the highest in the tube, and as the most simple, I will take first. It is performed in the crico-thyroid space by dividing the thin but tough and elastic membrane which connects the inner surface and lower border of the thyroid with the outer surface of the cricoid cartilage. This space is placed immediately below the true vocal cords, and of course below, or to the lung side, of that important strait or movable gateway through which we inspire the breath of life. Now the true vocal cords have a character in reference to the mucous membrane that covers them which has an important bearing upon the limitation of morbid affections of the larynx and trachea. The membrane which covers their highly elastic fibrous structure is very closely adherent to its substance. Above them the mucous membrane of the larynx is much more loosely connected by a submucous areolar tissue, which is apt, when inflamed, to swell up so as to overlap and overhang the chink of the glottis and obstruct respiration in this manner. It is also more liable to the ulcerative processes common in syphilis and phthisis, as well as to the spread of traumatic, erysipelatous, or diphtheritic inflammation from the mouth, fauces, and pharynx. Foreign bodies passing from the mouth, if irregular or pointed in shape, or somewhat soft in structure, are liable to become impacted in the same situation; and, lastly, tumours more frequently grow from the walls of the larynx or its marginal structures at a level above the vocal cords.

The close proximity of the crico-thyroid space to the rima glottidis enables the surgeon readily to open up the interior of the larynx by dividing the thyroid cartilage vertically, should the nature of the obstruction require it, or to pass instruments through the chink of the glottis to dislodge impacted bodies. Many of these are advantages which can often not be appreciated before the operation is commenced, and in the proper choice of a position is embraced the capability of meeting an enemy in various and unexpected combinations. Perhaps an advantage which would be reckoned by many as greater than any of these is the important one that this operation is much more simple, less dangerous, and more quickly and readily performed, in cases of impending suffocation, than any other upon the windpipe; and it is one which may be performed by almost any bystander with ready nerve, decision, and a tolerably sharp penknife. The crico-thyroid space is very superficial, placed at the most forward part of the curve of the trachea, immediately below the projection of the thyroid cartilage called the "pomum Adami." Below this point the windpipe pursues a backward and downward course, receding rapidly from the surface, while the outline of the neck is sloped considerably forwards down to the sternum by the sterno-mastoid and other muscles, and by the interposition of the thyroid gland. In the median line the membrane is covered only by the skin and fascia, but on each side the crico-thyroid muscles diverge from their origin to their insertion into the thyroid cartilage so as to leave a triangular interval, with its base upwards, uncovered by muscle. Further out are placed the sterno-hyoid, thyroid, and thyro-hyoid muscles, which need scarcely be touched in the operation. A very small branch of the superior thyroid artery crosses the space to anastomose with its fellow, giving off on each side a very small twig through the membrane, called the anterior laryngeal. You see, therefore, that there is only skin and fascia, with a few of the innermost fibres of the crico-thyroid muscle, and perhaps this very small artery, which need to be cut in the operation. The wound of this artery has been said, however, to cause death in a very young child, already more than half suffocated, by bleeding into the trachea;

y hemorrhage from this minute
ian always be stopped by the pres-
a tube passed through the opening,
cold sponge. When the vessel is,
stimes happens, irregularly large,
superficial position will indicate
nce beforehand, or enable it to be
secured by twisting or ligature.

e text-books you are directed to
rst a vertical cut an inch long from
ium Adami downwards through the
l fascia, and then to cut horizon-
e crico-thyroid membrane close to
er border of the cricoid cartilage.
ider a sense of impending suffoca-
tients usually throw the head back-
and this movement stretches the
the neck and tends to close this
incision, and thus to interfere with
piration through the wound. But
quent movement tends, on the con-
o open a transverse cut in the tis-
: therefore prefer, with a sharp,
aded knife (double-edged, if at
o make a single transverse incision
he lower part of the hollow depres-
by the finger, just above the cri-
g, through the skin and membrane
right into the windpipe, and to ex-
sufficiently laterally to introduce

Such a wound will remain open
:hout a tube; sometimes, indeed,
ent will breathe easier without one.
e be used, it should be broader in
sverse than in the vertical diame-
shorter in the length between the
nd the curve than the one adapted
eotomy. Upon the latter point I
ve more to say subsequently.

imes the incision is found, in a
'emale or infantile larynx, to be too
:o permit free respiration or man-
n. In such a case I should extend
edian vertical incision downwards
the cricoid cartilage, or, if the
nanded it, upwards through the

Experience has found that such
s in these cartilages heal well,
iout producing the contractions or
cal disarrangement of the laryn-
pparatus which were formerly

ircumstances under which laryn-
is advisable are those which are found in the fauces, throat, larynx, and rima glottidis; with the addition of those in which foreign bodies in the trachea and bronchi are freely movable, hard, and smooth, and which would consequently pass out either through the wound or through the glottis after the trachea is provided artificially with an alternative channel of respiration. Most cases of impaction in the rima glottidis by foreign bodies, by tumours growing from the ventricles of the larynx, epiglottis, or vocal cords, or by inflammatory swelling, which is traumatic or non-spreading, would be included in this category; and it might embrace many cases also of syphilitic or phthisical ulceration of the larynx in which the disease does not extend below the true vocal cords.

Above all operations, that of *tracheotomy*, being one of haste and emergency, demands the most simplicity in the construction, use, and number of the instruments employed. Numerous contrivances for opening the trachea have been invented, some with more or less theoretical excellences; but all these may be stultified by not being at hand, not being properly used, or necessitating an embarassing change of instruments in the operator's hand at a critical moment of the operation.

I have been accustomed ordinarily to use, and to recommend the use of, three instruments only—namely, a single-edged pointed scalpel; a pair of slender and somewhat elongated forceps, provided with a single hook at the ends, which project very obliquely towards and fit each other in the manner of the teeth of a rodent animal; and, lastly, a tracheotomy tube of appropriate size, constructed with an outer pair of spring blades held firmly together by a shield, and an inner tube which slides between them, and which can be removed for the purpose of cleanliness.

I usually prefer to stand on the left side of the patient, so as to cut upwards from, and not down towards, the sources of danger in the lower part of the neck; but it is not in all cases possible to have this choice.

The two operations of tracheotomy are performed respectively above and below the isthmus of the thyroid body. The

former is by far the more readily performed, and involves the fewest dangers during and after the operation. The site of the primary incision is, in both, pretty nearly the same—namely, the same vertical incision in the median line of the neck, about two inches long, and extended a little higher or lower as the case may require. In a short neck, whether infantile or adult, the incision extends downwards nearly to the top of the sternum when the operation is performed below the thyroid. If the upper operation is at first intended, and afterwards it is seen that the lower one is preferable, the change can readily be effected by extending the incision downwards. After cutting through the skin and fasciæ, a small anastomosing tributary of the anterior jugular is often divided, but gives little trouble beyond slight pressure with the finger. Sometimes, however, this communicating branch is enlarged so as to assume the proportions and functions of the entire trunk, and passes into the vein on the opposite side of the neck, and may require ligature. The sterno-hyoid and thyroid muscles are now exposed, the latter meeting each other in the median line, which is indicated by a mere areolar interval. Through this, as nearly as possible, the knife should next pass, and the muscle be held aside with the hooked forceps. A fascia covering the isthmus of the thyroid and the communicating branches of the thyroid arteries and plexus of inferior thyroid veins is now exposed. The surgeon can at this stage open the trachea either above or below the thyroid gland. To accomplish the former is, as I have said, more easy, on account of its comparatively superficial position. The windpipe is here covered pretty nearly by the same kind of structures as it is below; but the effect of the direction and action of the sterno-mastoid muscles, as soon as the skin and fasciæ are divided in the median line of the supra-sternal fossa, is to raise the edges of the wound, and to increase its depth very much at the lower part of the neck. The inferior thyroid plexus of veins is also met with below the thyroid isthmus, and in most cases requiring tracheotomy these are gorged and distended to the utmost on account of the arrest of respiration, and, when cut, bleed very profusely. Again, to the sides of the larynx are attached the strong muscles, the actions of which balance each other and hold it laterally tolerably steady. But since no muscles are attached to the trachea at the lower part of the neck, nor any fascial or other structures which would steady it laterally, it is moved about and sometimes even contorted by the plunging spasmodic respiration and heaving chest, and may be very difficult to fix, especially in young children. The nearer you get to the larynx, therefore, the steadier laterally does the trachea become, and the easier to fix and penetrate. The tracheal cylinder also diminishes somewhat in width downwards. And with the depth of the wound, the amount of the bleeding, and the motion and smallness of the trachea increase the difficulties and dangers of tracheotomy.

If it is determined to open the trachea above the isthmus of the thyroid, the upper part of the fascia which invests the gland and connects it with the trachea must be seized with the forceps, and the point of the knife applied so as to cut or scratch through it horizontally. The handle end may then be placed under the isthmus and made to push it downwards and at the same time to separate it to a sufficient distance from the trachea. The isthmus varies much in bulk, being larger in females, and, proportionately, in children, than in the adult male. It seldom covers the first ring of the trachea, being usually placed opposite the second and third. Usually it may easily be displaced downwards so as to permit division of the three upper rings. To accomplish this, seize the fascia covering the fibro-cartilage or upper cartilaginous spaces as low down as possible, and a little on one side of the median line, with the hooked forceps, the teeth of which, projecting well downwards, will bite easily into its substance. Then, guided by the interval between the double straight blades of the forceps, pass down the scalpel and puncture the windpipe vertically, afterwards extending the incision upwards as far as the cricoid cartilage. A rush of air mixed

a sputum and blood usually follows the
cture; and sometimes, in the confusion
nervousness caused by this coming in
face, the young operator loses his self-
session, and lets go the trachea before
ost essential part of the operation is
omplished—namely, the introduction
the silver tube. Now, for a speedy and
isfactory conclusion of the operation,
is essential that the hold upon the tra-
a, being once obtained, should not be
go; but, the knife in the right hand
ng changed for the outer part or spring
ath of the tube, this should be firmly
pressed between the finger and thumb
carried down along the forceps
ugh the tracheal wound, and then
ed in a curvilinear manner home to
shield. The holes in the sides of the
d should be first furnished with nar-
tapes, conveniently rolled up, to be
ound the neck, to hold in the instru-
when the operation is completed.
inner tube should not usually be
d in until some of the spasm conse-
upon the operation has passed away.
manipulation of the trachea must
ly be done (after the first glimpse
een obtained) by the feel rather than
e sight. When the forceps has ob-
a proper hold, it acts very efficiently
double capacity of a holder and a
to the knife as well as to the tracheа.
If sufficient room cannot be obtained
shing down the thyroid isthmus, the
on may be extended upwards through
ricoid cartilage. Although it is per-
better to avoid this if possible, yet
performance is not usually attended
any after-inconveniences.
When it is intended to open the trachea
w the thyroid isthmus, it may be neces-
y to carry down the external incision a
le further. The fascia inclosing the
erior thyroid veins in the middle line
ould be carefully cut or scratched
rough by the combined use of the knife
d forceps; the communicating veins
ould be rather torn than cut, the tension
cessary to tear them being beneficial in
cing back the blood contained in them,
d rendering them less liable to bleed for
ew minutes, until the tube has been in-
duced and the blood kept out of the tra-
chea. In this case the inner tube should be put in immediately to stop out the blood as much as possible. In performing this lower operation increased dangers beset the operator from the close contiguity of the left innominate vein and the innominate artery. In very young children, also, the size and high position of the thymus gland may be a source of embarrassment. It may project out of the cavity of the thorax and overlap the left innominate vein, which, usually in these cases turgid with blood and provided with thin coats, may easily be injured either with knife or forceps in pushing downwards the protruding thymus. The innominate artery here lies to the right side of, and somewhat upon or in front of, the trachea, and in many adults even may be seen and felt to pulsate inside the sterno-mastoid in the suprasternal fossa. The difficulties in opening the trachea are increased under these circumstances by the much greater depth of the windpipe, by the bleeding from the inferior thyroid plexus of veins, and by the more mobile nature of the trachea at the point operated on. In young children these difficulties are increased by the small size and yielding nature of the walls of the windpipe itself, the wound in which can best be made, and, when made, held open for the introduction of the tube, by steady traction with the hooked forceps lifting forward one lip of the slit in the windpipe, so as to elevate it above the other. The closed valves of the outer tube can then usually be easily introduced by a slight sideling motion. A fault often committed by young operators consists in letting go the trachea through the movements of the patients or nervousness, or in changing instruments before the opening in the tube is made sufficiently large. Then the air rushing out of the incomplete wound, mixed with blood, froths and churns up out of the wound, and obscures all the landmarks of safety. An attempt is then made to enlarge the opening in the windpipe, with the effect probably of making a second and independent wound. The remedy for this is to get a firm hold of the trachea, and not to let go until the tube is fairly lodged. It is advisable in using the knife in this situation, and under

these circumstances especially, always to keep the back of the knife towards the sternum, so as to avoid touching the distended innominate vein or innominate artery. In persons past the middle age the difficulties assume a different shape. They usually arise from the ossification of the tube, or some morbid change in or near the thyroid gland. In case of the patient being beyond middle age, and of the male sex especially, in whom calcification of the trachea is more common, it is advisable to be provided beforehand with a pair of strong scissors, or cutting forceps bent edgewise at the joint, with short, stout blades, of which the under one is pointed; these are provided with long handles of convenient thickness. If the scalpel fails in making impression upon the trachea, this can be substituted, the sharp blade being thrust through and turned upwards in the tube. With this it will be easy to divide an ossified trachea, or even to remove a piece, if desirable. The lower operation may be required in cases of tumour of the thyroid isthmus, of foreign bodies impacted near the bronchi, and in removing the false membranes in croup.

Among the dangers of the lower operation of tracheotomy must be reckoned, in addition to those of the operation itself, such as bleeding from the inferior thyroid plexus of veins, wounding the inferior thyroid artery by a slip of the knife on one side of the trachea, or of the innominate vein or artery, those consequences which are secondary—viz., infiltration of air into the anterior mediastinum and general subpleural tissue, or of blood or pus into these structures, and the embarrassment of breathing and other bad symptoms which may ensue thereupon. One source of danger which has proved fatal in many instances, some of which have been recorded in the Transactions of the Pathological Society during the last few years, arises during the subsequent wearing of the tracheotomy tube under the constant friction of the chest-walls in breathing. A progressive ulceration, either downwards from the shaft, or forwards from the point of the tube rubbing against the anterior wall of the trachea, has at length opened into the innominate artery, and proved suddenly fatal by hemorrhage into the bronchi. Another danger is the separation of the shaft of the trachea-tube from the shield at the joint which unites them, permitting the shaft to slip entirely into the trachea. Two cases of this kind have occurred in the practice of Mr. Henry Lee, and of Mr. Holthouse, and were brought forward at the meeting of the Royal Medical and Chirurgical Society on Jan. 9th, 1872, necessitating another subsequent operation for the extraction of the tube. A valuable suggestion was made on this occasion by Mr. Brudenell Carter, that the shield and tube should be made in one piece of metal, without the intervention of solder, which corrodes sooner and more easily, or that the joint should be gilded over to guard it from the combined action of air and liquid secretion. It is not, however, this action alone which contributes to this unfortunate result, but also, and more powerfully I believe, a defect in the shape of the tube usually employed. For the lower operation of tracheotomy the shaft of the tube between the shield and the curved part is, for male adults especially, much too short. The consequence is, not only a difficulty in making the tube lie evenly and comfortably in the trachea and with the lower opening fairly in a line with the axis of the trachea, instead of being inclined, as it usually is, so as to look towards, and press with its sharp edge upon and rub against, the anterior wall just under the innominate artery—but there is also a considerable traction inwards exerted by the concavity of the curve lying in the trachea, against the shield resting obliquely upon the surface of the skin. It is this traction, combined with the suction power and constant motion exercised by the chest in respiration, which contributes most to separate the parts of the tube from each other, and to suck in the shaft of the instrument. For the upper operation of tracheotomy the tubes in common use do very well under ordinary circumstances; but for the lower operation in adults, where the trachea lies an inch and a half deep, and may lie deeper, as in cases of tumefaction from emphysema, inflammation, solid growths,

or spinal and chest deformity, it is essential that the length of the tube from the shield to the culm of the curve, should be *an inch and a half*, instead of barely half or three-quarters of an inch, as we find in the tubes at present in use.

I must here impress upon you the great importance of proper care and treatment subsequent to this operation. After clearing the tube from blood and thick, viscid mucus, the air which is inspired through the tube must have communicated to it the moist and warm characters which it normally acquires in its passage through the nose, mouth, fauces, and larynx. This can be done immediately by dipping a large coarse sponge, well cleansed, in water of a temperature a little above that of the body, and tying it loosely on each side to the tape which encircles the neck. As soon as possible, also, the air of the sick chamber should be made warm and moist by a steam kettle with a long tube placed on a good fire. In large rooms or hospital wards it is better to erect a sort of tent of blankets over the bed, close beside the fire, and put the mouth of the steam tube under it. A great many tracheotomy cases, both in children and adults, die afterwards from bronchitis and pneumonia, which, sometimes brought on, are always aggravated by the admission of any cold air to the lungs. The above precautions are of course even more necessary in cold and frosty weather.

In conclusion, there is one point which may happen to be important to keep in mind, and that is, the duty of completing and finishing these operations upon the windpipe, when once begun, in the face of every possible eventuality which may arise in the course of it, even up to and beyond the apparent death of the patient. In no case is the truth of the saying, "while there's life there's hope," more paramount than in operations to relieve suffocation, to which, as in cases of drowning, the higher truth may be almost applied, that "beyond life there's hope." One of the most striking instances of resuscitation after apparent death during tracheotomy I have been lately witness to. A few weeks ago I was called in the middle of the night to the relief of a medical man, considerably beyond middle age, suffering from laryngitis combined with bronchitis. On hastening to his house, which was a considerable distance from my own, I found Dr. Goddard, of Edgeware road, in attendance, who had judged very rightly that an operation afforded the only remaining chance of relief from the very threatening symptoms presented by the poor patient, and had accordingly requested my assistance. A glance at the distressed countenance and the dusky lips and finger-nails, a hurried pressure of the failing pulse, a brief listening to the raucous laryngeal noise and heaving chest, deprived of vital air, led me, after a hasty consultation, fully to coincide with the imminent necessity for tracheotomy, with a view of at least prolonging life. While the rapid incisions were being made to expose the trachea, the patient suddenly ceased to breathe altogether, the pulse stopped, the eyes rolled over and seemed to become glazed, and after a brief spasm of the facial muscles, usually observable just before dissolution, all seemed to be stilled in death. A considerable obstacle was now met with in extensive and very hard ossification of the trachea, upon which the scalpel made little impression. With the words upon my lips, "I fear we are just too late," but remembering the maxim I have endeavoured to impress upon you, I persevered notwithstanding, and by the exercise of considerable force, and by first converting the edge of the scalpel into and then using it in the fashion of a saw, I got through the hardened trachea and passed in the tube. After employing the usual methods of artificial respiration, we were in a few minutes encouraged by a gentle sigh of inspiration; and in less than a quarter of an hour the patient was sitting up in bed, breathing freely through the tube, expressing himself as comfortable, and writing upon a slate a professional criticism as to the urgent necessity of the operation and the dexterity of its performance.—*Lancet*, March 9, 1872.

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Abstract of a Lecture on Typhoid Fever. By Sir WILLIAM GULL. Delivered at Guy's Hospital, June 20, 1872.

[We copy from the *Lancet* (June 29,

1872) the following "full abstract" of the above very interesting and instructive lecture. This lecture derives additional interest from the fact that its distinguished author was one of the medical attendants of the Prince of Wales during his recent severe attack of typhoid fever.]

The Lecturer began with the remark that it is about two hundred and fifty years since one of the kings of England died of ague; but now the improved condition of agriculture and drainage in this country is such that ague has become rare, and certainly very few die of it. He then expressed his belief that two hundred and fifty years hence few will die of typhoid fever, inasmuch as this disease is as preventable as ague. Typhoid fever is, *par excellence*, to be ranked amongst "diseases," because it is caused by a virus—a virus of nature—which may get into the healthy body, and increase in it, and destroy it. It is an accidental condition, and not one of the ordinary processes of nature. Therefore we ought to rise up in arms against it, as we Englishmen would rise up in arms against any enemy that should attack us or threaten us.

Sir William said that he was not going to give a lecture on typhoid fever, as such a thing would be impossible in the time allotted; but he appealed to those present, as Guy's students, to sympathize with him, as a Guy's man, in the late conditions which have given rise to the increased attention to the subject of typhoid fever. Many diseases that were formerly very fatal are recoiling before the advances of civilization—to wit, the plague, ague, and even cholera. Typhoid fever is stated to kill 17,000 a year in England; how great, then, must be the number attacked! It stood among the preventable diseases, and it was important, therefore, to know how it originates. There is no scientific theory, but there is a good working theory on the point. The origination of the disease is, somehow or another, connected with drainage. It has, therefore, been called the filth fever; hence to get rid of the filth is to get rid of the fever. It seems as if this really is so, for Millbank Prison was infested with typhoid and dysentery, but now the water-supply has been changed, and the drainage attended to, and these diseases have almost entirely disappeared. No one can approach a case of typhoid fever without paying some attention to hygiene. It is no use tinkering with the disease if one does not try to prevent it, and it no doubt may be prevented. The theory is that it is connected with germs which get into the blood; we know nothing about these germs—the air is full of them. There is an idea that they are imbibed by drinking water, and that they increase and multiply within the body. Although this has not been demonstrated, yet it is a good working theory.

The first thing then to be done is to find out what will prevent the disease. Some may say, "Tell us what will cure it;" but this is not of such importance as prevention. Sir William next said that he liked the name *typhoid* because the disease resembled *typhus*, and yet it was not typhus. It is an error to suppose that there are symptoms of typhoid fever essentially, as the poison may get into the body, and destroy life, without setting up any symptoms of typhoid fever proper. Some years ago a case was taken into Guy's Hospital, the patient having become suddenly ill; and shortly after admission he died, but the cause of death was not suspected till a post-mortem examination revealed perforated typhoid ulcers of the intestines. This patient had gone about his work regularly up to the day of his death. The next subject is the diagnosis of this disease. This is sometimes at first uncertain; the patients rarely come till they have been ailing some time. The furred tongue, headache, malaise, etc., belong to other diseases besides typhoid fever, therefore the term typhoid is a good one, because the symptoms somewhat resemble those of typhus. Many other names have been given to this disease, but the one most generally adopted is typhoid fever. It has been called pythogenic fever, from its supposed origin from filth; but it is not advisable to accept this name, as at some future time it might be necessary to change again.

The history of an attack of typhoid fever is somewhat obscure. The poison lurks in the body some time before the real

ning of fever; it may be as long as five or six weeks. The disease then begins insidiously and irregularly; the prodromata are uncertain. Where does this poison work? Is it in the intestinal tissue, or in the mucous membranes, or in the absorbent system? We do not know; we say that it is in the blood. Where are these lurking beginnings? These are probably in the intestinal system, for we find digestive disorders and disturbance of the bowels in the first instance. It is, however, very difficult to say when the disease begins; but if the ordinary course of health be represented by a straight line, we shall find at the commencement of the disease an abrupt deviation from this straight line, and which deviation goes on increasing till the fourth to the sixth day; consequently, we find that on the fourth day the patient is ill, and on the fifth or sixth day very ill and obliged to keep his bed.

It is about this time that we first see these patients as a rule, and how are we to tell that they have got fever? Well, by the little instrument called the thermometer. Now, if on even the first day the temperature be normal in the afternoon, there is no fever. In typhoid the temperature increases 1.5° to 2.0°, or even more F. in the first twenty-four hours. If a person who has been exposed to typhoid fever have a headache, and his temperature be 101.5° on the first day, it may be typhoid; but if, as is sometimes the case in persons who have been nursing, the temperature be below normal, or even it be normal, you may be certain that there is not fever present. On the other hand, if on the first day the temperature is 105°, you may be certain that the disease is not typhoid. We see, therefore, that whether the temperature be too low or too high the thermometer will greatly assist us in making a diagnosis. The temperature goes on rising about 1.5° per day till about the fifth or sixth day, when it reaches its maximum of about 103.5° to 104.0°, or even more. This is not absolutely true, because some persons may go through typhoid fever and know nothing at all about it. In this disease, therefore, we see that there is at first a long and uncertain prodromal stage, and then the onset of fever, which is insidious. Although the degree of temperature is reliable in determining the presence or absence of fever, the same cannot be said of the condition of the pulse, for, in nervous patients, the rapidity of the pulse may be greatly increased, and yet no fever be present. It therefore becomes an important thing to use the thermometer in practice; it will save many errors if used at the proper hour of the day—that is, in the afternoon.

To return to the course of typhoid fever, we find (still adhering to the chart) that on the twenty-first day the curved line suddenly runs into the straight line of ordinary health, and the fever is completed. In some cases, however, this does not take place till the twenty-eighth day. During this course we cannot give an answer to the queries of the patient's friends, "Is he better?" We must refer them to the chart, and tell them what is the course through which the disease must go. "We shall find no word 'better' written anywhere on the curve." Without this is borne in mind much annoyance may be given to the friends, for in the morning the patient may be cooler and appear better, but in the evening he is hotter and appears worse, and if the medical man were to alter his opinion according to the degree of temperature the friends might say that the attendant knew nothing whatever about the disease. It is necessary to wait the natural term of the disease before we can say whether the patient is better; moreover, we must bear in mind that two charts of the course of the disease may be drawn out, one in which the disease is represented as lasting twenty-one days, and the other in which it lasts twenty-eight days. But it is not always easy to say which is the twenty-first or twenty-eighth day, as it is so difficult often to fix the date at which the disease began; but by carefully recording the temperature we may tell the time to a couple of days. On the other hand, it is not always that we can say positively the patient is better on these days, for the disease may, as it were, begin again, and exactly repeat itself, and this repetition may last twenty-eight days more, or it

may even triple itself, as Sir William taught many years ago, when lecturing on this subject to the students at Guy's Hospital. This triple attack may last as long as the previous ones. These repetitions have been found on post-mortem examination to correspond with fresh outbreaks of the intestinal affection; for in these cases, should death occur, some of the ulcers will be found almost healed while others are just beginning to be affected. It is always necessary, therefore, to give a prognosis which shall allow of the possibility of these secondary attacks. But these repeated attacks do not necessarily last as long as the previous ones; they may be much shorter, lasting only one, two, or three weeks. So that typhoid fever may have a simple course of twenty-one days, or a prolonged course of twenty-eight days, or a double or triple course, the duration of which equals that of the previous attack; or lastly, a complex course—one or two attacks of ordinary duration, with another of shorter duration.

Now, in whatever manner the poison of typhoid is introduced into the system there is a concentration in the ileum. The presence or absence of diarrhœa depends on the implication or not of the large intestine. Although the ileum is the focus of the operation of the poison, yet it does not end here, for it is reflected to every organ of the body. The incidence of the poison is on the ileum, but the reflection is over the whole body. The body reacts to these conditions, and the fever is a reaction to the local condition of the bowels; but this does not imply that typhoid fever is a local affection of the bowels as was formerly taught. This poison reacts in other ways, as by setting up ulceration in various parts of the body. He was once called to the case of a young girl who was sickening of an illness. She had a discharge from the vagina, which led the medical attendant to doubt the girl's chastity; but he (Sir William) said that it was typhoid, and that the discharge was due to ulceration of the vagina. Another case, in Guy's Hospital, was treated as a gonorrhœa; but in reality the patient had ulceration of the prepuce from typhoid fever. In a third case, the patient had perforating ulceration of the larynx, and he suddenly became emphysematous over the body, which "floored" him (Sir William); but this case was shown after death to be one of ulceration of the larynx occurring in the course of typhoid fever. This disease then is not a local one, although the focus of the action is in the ileum. But to return to the chart. About the ninth day of the disease mischief begins to show itself in the intestines, and at this time the deposit may open up a large bloodvessel, and thus give rise to severe hemorrhage, or, if it go still deeper, perforation of the bowel may take place; or the bronchial membranes may become affected, or the bronchial glands enlarged, which may give rise by reflex action to spasm of the larynx. Every organ in the body is affected if the disease be severe. Every part of the body may be affected through the nervous system. There is a tendency to reaction. There may be pleurisy; or the enlarged mesenteric glands may soften and suppurate, which may be followed by purulent infection; or the kidneys may become diseased. In fact, any organ may become affected through the action of the nervous, venous, or other systems.

Now as to the treatment. This disease cannot be cut short, even in its early stage. Some have thought that it could be done by emetics, but few think so now. Others have thought that a purge of calomel and colocynth would cut short the attack, but this has been almost entirely given up. Others say that large doses of quinia will shorten the attack, or, at least, prevent serious complications; but Sir William related a case to which he was called, where large doses of quinia had been given, but the man was almost dead from hemorrhage, so that, in this case, the disease was neither cut short nor complications prevented. At the present time it must be granted that when once the patient has begun to go down the curve we must not dose him with medicines—we must not give him physic. The best thing is to place him in bed in a horizontal position, and reserve his nervous power, remembering that he must, if he live, go through the whole course of the disease.

He has to go through the reactions of his nervous, absorbent, and nutritive systems; he has, in fact, to go through "a great physiological storm." Let the patient alone then in this stage; "an early rest will save his power." But how is he to be treated through the remainder of the course? Is there anything to make the course less severe? Probably not. Quinia has been tried for this also, but has failed here as signally as when given to cut short the disease. It must be said that all the treatment consists of simple measures and simple diet. Medicines are only required for special conditions: for instance, if diarrhœa occur, some would give what is called "chalk mixture;" but we must remember that this has to go through about twenty-five feet of intestine. The best thing is to fill the rectum with five or six ounces of starch; it is not even necessary to put any opium with the starch. The diarrhœa only takes place when the rectum, sigmoid flexure, or descending colon is affected or irritated by acrid matters; hence, if you fill these the contact of noxious matters is prevented, and the diarrhœa checked. Time would not allow of more being said on this. [Here Sir William said he was not lecturing on typhoid fever, but only giving a few thoughts.] If hemorrhage occur, many would give gallic acid, or tannic acid, or lead, or some powerful astringent. But do not so; "don't begin with all your great guns at once." It is best to trust to the hemorrhage to cure itself, which it will do, and keep the patient at rest in the horizontal posture, giving a little opium (half a grain) by rectum or mouth if necessary to quiet the intestines. Ice may also be applied to the abdomen. This is sound advice, although it may appear terrible. The objection to giving lead or gallic acid or other powerful astringents is that they are apt to make the patient sick, and in that manner perhaps to make the hemorrhage worse. Often delirium comes on in the course of the disease. The patient may get out of bed, or even commit suicide by jumping out of the window. What is to be done for the delirium? In the first place, never leave the patient alone day or night after he has begun to descend the curve, for delirium may come on at any time; therefore, he must be constantly watched. In the treatment of this complication remember that it is due to brain-irritation, and not to inflammation, as some have imagined. There is one great remedy for this, and it is alcohol; alcohol is the remedy for nervous irritation in typhoid fever, and, in fact, in any fever. How it acts is not certainly known, but it may be laid down that it is an important point in the treatment of all fevers. It allays nervous irritation and soothes the nervous system. Whenever, therefore, there is delirium or reflex irritation, give alcohol in some form or another, as brandy or wine; but when the result has been obtained, stop it; only give it when it is necessary. In fevers the use of stimulants is for the delirium, and it in no way alters the local processes, but only the reflex condition. All cases do not require alcohol, and some only require it occasionally, and for a short time Delirium even in the early stages may be checked by brandy, and never again come on during the whole course of the disease.

There is another point. Often the patient cannot or ought not to be moved out of the bed. How is he to pass his stools? There is a danger of bedsores if care be not exercised to prevent them; but no man who has a due care ought, under ordinary circumstances, to have a patient suffering from bedsores; sometimes, however, the circumstances are such that these sores cannot be prevented. The bed-pan may become the source of a bedsore which may carry off the patient. Avoid, therefore, every possible cause of irritation or abrasion of the skin. This is a point which is worthy of the consideration of every clinical physician. Again, it may be necessary to pass a catheter to draw off the patient's urine. Now this may be done in such a manner as to injure the urethra, which may be in a very tender state, and cause ulceration and severe symptoms, and even death. Use, then, a soft catheter, with all possible care and delicacy. In summing up he observed that the recovery from typhoid is dependent on attention to the smallest matters.

The time will come when this disease will become rare, or even die out.

We must save the patient's strength from the beginning, and not trust to medicines to cure the disease. The materia medica of fever is lessening every year.

Sir William would prefer to carry any one through typhoid fever by wines and soups and fresh air, rather than by the use of drugs.

HOSPITAL NOTES AND GLEANINGS.

Ununited Fracture of the Humerus successfully treated by Resection.—James W., aged 40, labourer, admitted into the Royal Infirmary, Edinburgh, March 7, 1871, under the care of Professor SPENCE, suffering from an ununited fracture of the humerus. The original injury was sustained twelve weeks before admission, from a fall upon the ice. The limb was set, but never united. Patient is a healthy-looking man, but of rather intemperate habits.

March 21. To-day Mr. Spence made an incision, three inches in length, over the seat of fracture, exposed the ends of the bone, and, without removing them from their bed of soft parts, cut off with the bone-pliers the rounded extremities of the bones. The arm was then put up in rectangular splints. It need only be remarked, further, that the wound healed well, without a single bad symptom supervening. The discharge was never copious, and the bone showed a great tendency to unite from the first.

On May 9, "wound almost healed; bone quite firm; patient gets up every day."

A few days subsequently he was sent to the Convalescent House, with the splint still applied, instruction being given him to make passive movement of fingers and wrist-joint. After being at the Convalescent House he returned to show himself. The bone was firmly united; the thickening considerable. He feels it quite strong, but the movements of the elbow are not yet free.

He was dismissed, but strictly enjoined to continue passive motion and the use of the warm douche, as he had been doing whilst in the hospital.

Remarks.—The foregoing case affords a favourable example of the good results of a method or modification of resection in cases of ununited fracture, which I first practised in a case of false joint of the humerus in 1854, which was published in the *Edinburgh Medical Journal* for that year. In regard to that case I remarked:—"In deciding on resection of the ends of the fractured bone, I determined to remove no more than the rounded and atrophied ends, and to do so with as little disturbance of the surrounding parts as possible. . . . Having often observed in cases which had come under my notice, in which resection had failed, that fully two inches, or even more, had been removed, it always seemed to me that not only the amount of bone thus removed, but also the great denudation required to effect its removal, might account for the failure, besides increasing the risk of severe constitutional disturbance." The principle of this method of resection is one in which I have great confidence; and considerable experience in performing it since 1854 has confirmed me in the opinion I then formed.—*Med. Times and Gaz.*, June 22, 1872.

Amputation of the Thigh for Disease of the Knee-Joint.—It is so rare for the thigh to be amputated for disease of the joint alone that we record the following case, which presented certain exceptional features, that, in the opinion of Mr. HENRY SMITH, precluded any other operation.

The patient was a young man aged twenty, who had suffered more or less from diseases of the knee for three years, and had been under various treatment in hospitals and elsewhere, sometimes improving and then retrograding. He was admitted into King's College Hospital in March, at which time there was considerable tumefaction of the knee and wasting of the thigh; there was severe pain on pressure over the patella and the external parts of the joint; frequent painful startings of the limb occurred at night; and the patient was much reduced in general health. Mr. Smith ordered local and general treatment, with the hope that anchylosis might occur; but, the symptoms continuing, it was resolved that excision of the knee should be performed.

A very careful examination of the patient, however, was instituted, and it was ascertained that the urine contained a large quantity of albumen. Under these circumstances the operation was deferred, with the hope that the quantity of albumen might diminish; but no material change occurred in that respect, and amputation was determined upon and performed, the ordinary flap operation being executed. On examining the joint, it was found to be in progress of entire disorganization, the cavity being filled with purulent matter, the cartilages ulcerated, and the synovial membrane degenerated.

Mr. Henry Smith, in his remarks, stated that his pupils would be surprised to see an amputation of the thigh performed for disease of the knee-joint alone in a young man, and, in fact, he had had a great struggle to bring his mind to perform this operation; but with the evidence they possessed of the presence of degeneration of the kidney, he considered it would be highly imprudent to perform excision of the knee-joint. For although he believed the shock of the two operations was about equal, there could be no doubt that in the long run there was a greater call upon the constitutional powers after excision. He had been educated in the principle that amputation of the thigh should not be adopted for disease of the knee-joint alone; but there were exceptions to this rule, and the case before them presented one of these exceptions. Much as he regretted having had to adopt the step, he was firmly convinced that he had done wisely in rejecting excision, whatever the result might be.—*Lancet*, June 1, 1872.

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Treatment of Ulcers.—Mr. Thomas Bryant has very extensively carried out the treatment of ulcers by skin-grafting, and believes that many cases are now rendered curable that were not so previously, that the cure of others is facilitated, and that interest is given to a class of cases which previously offered little clinical instruction. By the process of grafting, large surfaces speedily cicatrize, which, under former circumstances, would have required many months, and that, too, without the contractions and subsequent deformities which, under other conditions, were too well known to follow in such cases. The practice seems applicable wherever a large granulating surface exists, and the only essential point to observe is that the surface of the sore should be healthy; this clinical fact including another, that the patient's health is good, for there is no better barometer of health than a sore, its surface assuming a healthy or an unhealthy appearance with every alteration in the general condition of the body. Mr. Bryant has attempted, by way of experiment, to graft skin upon sores that were not quite healthy, and has sometimes succeeded. In an indolent sore, in which a small patch of healthy granulations sprang up, he has succeeded in securing by transplanting a new centre of "cutification," that proved of great value in aiding the healing process, but in a larger number he has failed in securing such an end. It may, therefore, he thinks, be accepted as a truth that a healthy granulating surface is an important requisite for success. Mr. Bryant uses a pair of scissors after those recommended by Dr. Macleod. They take away a portion of skin that will cut into three or four pieces, and the section includes only the upper layer of the true skin with rete mucosum. He generally takes the skin from the forepart of the arm or the inside of the thorax. The pieces of skin should be placed upon the granulations about half an inch or three-quarters of an inch from the margin of the sore, and about one inch apart, and gently pressed in. There is no necessity to wound the granulating surface. They should be covered with a piece of oiled gutta-percha skin, and the whole supported with cotton-wool; a bandage being subsequently applied, so as to press moderately upon the part, and keep the dressing in position. On the third day, not before, the dressings may be removed, the greatest care being needed; a fresh piece of oiled gutta-percha skin being subsequently applied. The appearances of the engrafted pieces on the removal of the first dressing vary considerably; at times they will seem palpably to have taken root and to be alive; at others

to have disappeared altogether; whilst in a third class the surface of the cuticle will be seen floating, as a thin film, upon the secretion of the sore, the basement membrane of the cuticle—the essential part—being left. Under all these circumstances, however, the surface of the sore is to be cleaned with the greatest care, a stream of tepid water, either squeezed from a sponge or injected from a syringe over the part, being the best means to employ. The surface is on no account to be wiped, for the grafted portions of skin are easily uprooted, whilst those that appear to have died or that have disappeared often reappear at a later period as "cutifying centres." As soon as the new centres are established in large sores, other pieces should be engrafted, at about the same distance from the new pieces as those originally inserted from the margin of the sore; and in this way the whole granulating surface may be speedily covered with new skin, and a rapid recovery take place. There seems no objection to mincing the portion of integument which is to be employed into minute fragments—that is, into pieces of the size of millet-seeds; the thumb-nail of the surgeon being the best table for the purpose. Recently the practice of applying "skin-dust," or the products obtained by scraping the skin, has found favour, and met with some success. In the few cases in which Mr. Bryant has tried it, the ulcers healed, but he has no evidence to show that any new cutifying centres were established by the proceeding. In the hands of Mr. Poland it has, however, been of value. Mr. Bryant doubts whether it is yet proved that the newly engrafted skin possesses the same power of resisting disintegrating changes as the old skin. Some observations which he has made have led him to suspect that it is somewhat prone to break down and ulcerate on the patient walking after the sore has completely healed, particularly when the subject is past middle age.—*Brit. Med. Journ.*, June 15, 1872.

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Incomplete Hemiplegia of the Right Side, with Partial Aphasia.—By J. LOCHART CLARKE. A lady who had come from the country to see her daughter, found in the course of a few days, that she was gradually losing the use of her right hand and arm. The first occasion on which she experienced this weakness was, that one day, after beginning to write, she found herself unable to continue. Very shortly afterwards, she found that she was losing power in the right leg, so that she had great difficulty in walking; she also felt a sensation of "pins and needles" in the right hand, but not in the foot; at the same time she complained of great loss of memory. She was frequently quite unable to recollect many of the words she wished to use; and sometimes she transposed her words, or used wrong ones. Her articulation was very indistinct; but she could protrude her tongue and move it in any direction. There was a dull "heavy" pain on the left parietal region of the head, with a sensation of "creeping or drawing up" of the scalp, and some deafness of the left ear. There was no cardiac murmur, or any other sign of heart-disease.

Her general health was much deranged. Her tongue was loaded; her breath offensive; her appetite was gone; and she complained of nausea and flatulence, with a sensation at the epigastrium "as if something wanted to be removed." Her skin was dirty-yellow; her bowels constipated; but her urine was clear and without albumen. She was ordered a mild aperient, a blister behind the left ear, and the following pills:—

℞.—Hydrarg. subchlor. gr. vj; ext. hyoscyam. ℈ijss. Ft. pil. xij. One to be taken night and morning.

At the end of a week I saw her again, and found her decidedly improved. After two or three days the pills produced brisk purgation. She was ordered to repeat the blister and continue the pills. At the end of another week the improvement was still more marked. Her memory was much better, her articulation more distinct, her right arm stronger, and she could walk without much difficulty; but she still complained of dull pain, and "drawing up" of the scalp on the left side of the head. The bowels had acted about twice daily, and the evacuations on passing caused a scalding sensation. The

blister was repeated, and the pills continued. At the end of the third week she was nearly well; all that she complained of was flatulency, and the creeping or drawing sensation in the scalp of the left side. Her skin had lost its previously dirty-yellow colour, and her appetite was keen. She was ordered to discontinue the pills, and to take some rhubarb, ammonia, and ether in peppermint water. A fortnight afterwards, she returned to the country quite well.—*Brit. Med. Journ.*, June 15, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Bromide of Potassium in Poisoning by Strychnia.—Dr. C. B. BATES, of Santa Barbara, reports (*Pacific Med. and Surg. Journal*, May, 1872) a case of a man aged 22 who took, with suicidal intent, about 10 grains of strychnia. "His stomach was empty at the time, having had nothing but a cup of tea for breakfast. Upon my arrival, about half an hour afterwards, I found him in a most violent tetanic convulsion, and at once forced him to swallow a dose of tartar emetic and ipecac; then I sent for a stomach pump, but before the return of the messenger the emetic had commenced to operate. Its action was kept up for some time by the administration of copious draughts of warm water and mustard and water until the stomach was thoroughly evacuated. During the whole of this time convulsions were recurring every few minutes, and as I was satisfied there could now be no more of the poison remaining in the stomach, I gave him one grain of sulphate of morphia with about forty of bromide of potassium. Soon the paroxysms decreased in violence, and the intervals of rest became longer. The bromide of potassium in doses of forty grains was repeated every hour until he had taken half an ounce when he was out of danger, and all that remained of the muscular spasm was an occasional jerking of the muscles of the lower jaw."

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Poisoning by Sulphate of Morphia.—The uncertainty of the action of medicines and correctness of the maxim of Hippocrates, "*Experientia falax, judicium difficile*," are forcibly illustrated by two cases of poisoning by morphia, related by Dr. H. A. DUBOIS (*Western Lancet*, June, 1872).

In the first case one-third of a grain of sulphate of morphia, injected hypodermically in a patient, an adult, suffering from colic, reduced the respiration to five in two minutes, produced profound stupor and almost total cessation of the circulation, and seven hours elapsed before, under appropriate treatment, the patient was restored to consciousness.

In the second case, a man unused to take morphia had swallowed at two doses upwards of eighty grains of sulphate of morphia, according to his own statement, which Dr. Du Bois thinks reliable, with the effect of producing delirium, followed by stupor, from which the patient recovered under treatment by stimulants and warmth and the administration of two ounces of tincture of belladonna in doses of a drachm every hour.

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Excision of the Kidney.—Dr. GEORGE A. PETERS, it is stated (*Medical Record*, July 15, 1872), removed from a male patient at St. Luke's Hospital the right kidney for abscess of that organ. The result is not given.

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The Medical Register of New York and its Vicinity for the year commencing June 1, 1872. *Published under the supervision of the New York Medico-Historical Society*, A. E. MCPURDY, editor. Vol. x.—We take pleasure in calling attention to this volume of 422 pages, which is replete with interesting information, and seems to be as comprehensive and complete as a work of the kind can be. In addition to a list of the physicians of New York city, their residences and office hours, it furnishes an account of all the medical institutions of the State, with the names of their officers, the medical societies with a list of their officers and members, also of those of New Jersey and Connecticut; an obstetrical table, equivalents of English and French weights and measures, a table of distances, postal information, hack fares, obituaries of New York phy-

sicians who have died during the past year, lists of medical periodicals issued in New York, of medical booksellers, of nurses, of pharmaceutists, etc. etc.—indeed nothing seems to have been omitted which could be desired in a work of the kind, and it reflects great credit upon its industrious author and on the society under the supervision of which it has been compiled.

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Bequests.—The late Wm. S. Rogers, of Boston, has bequeathed $50,000 to found a professorship of chemistry in Brown University, to be known as the Newport-Rogers Professorship. The late E. S. Pratt, of Buffalo, has bequeathed $10,000 to the Buffalo Hospital, New York. Our contemporary, the *Boston Medical and Surgical Journal* (June 27th), states that a few days ago the treasurer of the Massachusetts General Hospital received the large sum of $446,000, the bequest of the late John Redman. "Mr. Redman died some twenty years since, leaving a will by which the hospital was made the residuary legatee of his estate upon the death of a son who had a life interest in it. The advance in both real and personal estate since that time has increased the value of the legacy from $50,000, which the trustees of the institution once expected to receive, to nearly half a million."

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Heat of the Present Summer and its Effect on Mortality.—The temperature during the last week in June and the two first weeks in July has been almost unprecedently high, and with the result of largely increasing the mortality in our large cities, the principal victims being the very young and those of great age. The total number of deaths in Philadelphia during the week ending July 6th was 746, the largest number ever recorded here in any one week. Of these deaths, 512 were of children under five years of age, and 476 of children under two years of age. Cholera infantum claimed 274 victims, sunstroke 22, old age 20. In New York during the same week the mortality was even larger, having been 1567, more than 100 per cent. greater than in Philadelphia, while the population of the former is only about 40 per cent. greater than that of the latter.

The mortality in Philadelphia during the week ending July 13th was 852, of which number 497 were infants under two years of age; 383 of them being under one year. Cholera infantum had 310 victims, sunstroke 68, old age 29. In New York during the same week the mortality was 1056.

The heat in Philadelphia during the week ending July 20th was considerably lessened, and the mortality for the week was 587, being a decrease of 265 from those of the previous week. The deaths from cholera infantum were 210, from old age 14, sunstroke 10. From smallpox the deaths are reduced to only 6.

In New York the mortality was during the same week 961.

The extreme heat of the summer is not confined to this country. In Paris the heat was great, but the mortality had not increased at latest reports (28th June).

In India the heat has been, it is stated (*Lancet*, July 6th), exceptionally great. At Allahabad, at latest accounts, it had reached 115° in the shade, while at Hyderabad it was 116°.

FOREIGN INTELLIGENCE.

Hyperpyrexia; Treatment by Withdrawal of Heat.—It is a fact which no theory can alter, that if the temperature of the body rise up to, or above 107°, death is imminent; partly from the effect of the excessive heat on the vitality of organs, and partly from the excessive tissue-change which must be going on to produce this heat. Excessive and very rapid rise of temperature is seen more frequently in acute rheumatism than in any other disease. Dr. Wilson Fox relates a case in which, when the temperature was 107° in the rectum, the patient was placed in a bath at 96°; the heat, however, continuing to rise to 110° in the rectum, iced water was used and ice placed down the spine. In half an hour the temperature was reduced to 103.6°, and in another half hour to 99.5°. During this time six ounces of brandy were given, and subse-

quently eighteen ounces a day for several days.

The statistics published in Germany, comprising more than a thousand cases of typhoid fever, treated in various hospitals, show that the mortality in that disease has been reduced by more than one-half by the cooling treatment. This consists in not allowing the temperature to rise above a certain standard. If it does, it is at once lowered by baths or other means. This method of treatment is therefore not directed against the disease itself, but simply against a symptom, upon which a series of other symptoms depend. The patient is not plunged in a cold bath, but in one ten degrees below the heat of his body. It is only in certain cases that the use of absolutely cold water or ice is required. As many as ten or twelve baths in the twenty-four hours are sometimes required in order to keep down the excessive fever heat.

There can be no doubt that some cases prove fatal simply from the excessive temperature of the body consuming the tissues so rapidly. No case can long go on favourably with a temperature of say 106°, and as it is proved by a considerable amount of experience, especially in Germany, that an excessive temperature may, without any danger, be lowered artificially, this plan of treatment is imperatively called for in cases where an excessive temperature exists. Withdrawal of heat must, however, be practised with judgment, and not too rapidly, as the temperature will then swing back to and even beyond its former place. The rule ought to be, that the withdrawal of heat should be the slowest possible for the due attainment of our end. The patient should be placed in a bath of 100°, and the temperature of this gradually lowered, so that no shock is given to the system. On the removal from the bath quinia in doses of from five to twenty grains, according to circumstances, as advocated by Binz, will arrest the rapid reproduction of heat. This mode of treatment requires the incessant use of the thermometer, and the personal supervision of the medical attendant. A very interesting and successful illustrative case is related: it was one of cerebral rheumatism, which had supervened upon an ordinary attack of rheumatic fever, without heart affection. The temperature was 105.8°. A bath not being at hand, ice was put in five wide-necked bottles and placed in bed, close to the body, and ice also applied to the head. The cold was thus applied partially, and the same effect produced as by a less degree of cold applied to the whole surface of the body. — *Braithwaite's Retrospect*, Jan.—June, 1872.

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Diseases of the Muscular Walls of the Heart. — The Lumleian Lectures at the College of Physicians this year have been delivered by Dr. Quain. They treat of the Diseases of the Muscular Walls of the Heart. They have included matter of more than usual interest, and have thrown new light upon a scarcely recognized and hitherto unexplained form of disease. The lecturer described hypertrophy of the heart as a condition depending on an increase of any one of the elements which enter into the composition of its walls, its muscular fibres, its connective tissue, or its fatty tissue. With the hypertrophy depending on muscular tissue we are already familiar; it is the result of an increased development of power to meet obstruction in the course of the circulation. The hypertrophy of the fatty tissue is the result of the mere increase of fatty elements in the blood, which lead, in this particular situation, to the development of fatty tissue. The connective-tissue hypertrophy has been almost altogether lost sight of, apparently because it closely resembles, in its general appearances, ordinary muscular hypertrophy. Yet this pathological condition—connective-tissue hypertrophy — is utterly different in its origin and in its effects. A heart thus affected, when examined microscopically, is found to present to view not only the usual and limited amount of intermuscular connective tissue, but a decided hyperplasia of this tissue in all its stages of development from the globular to the spindle-shaped cell, and from this again to the formed bundle of fibrillæ. At the same time, the muscular bundles are seen surrounded

and compressed by this connective tissue. This condition is evidently due to a chronic myocarditis. A point of singular interest in the history of this investigation is, that it affords an adequate and scientific explanation of the origin of the change in those enormous hearts which are sometimes met with—cases in which diseases of the valves, pericardium, or kidneys, are alike absent. Our readers may probably remember an interesting lecture on this subject by Dr. Hyde Salter in these pages (July 28, 1866), describing the case with his usual fidelity and picturesqueness, and adding that it was one in which "the mind is baffled in seeking an intelligible solution of so difficult a problem;" and quite recently our Vienna correspondent (Dec. 16, 1871) directed attention, in clear and striking language, to one of these pathological puzzles, as they were and still are considered in the great school over which Rokitansky presides. The key to the problem was found in the investigation just described; and a striking example was afforded by the *à propos* examination by the lecturer of a specimen of a heart weighing forty ounces, which has long been preserved in St. George's Hospital Museum, where it was deposited more than thirty years ago, and has since been regarded as a remarkable example of hypertrophy, of which the cause was not sufficiently explained. Its proprietor was the well-fed under-butler of a ducal family, who might possibly have belonged to the class of extremely well-fed, not to say over-fed people, whom Niemeyer has considered to be the chosen subjects of idiopathic hypertrophy of the heart. The histological elements of the hypertrophy were shown by the preparations, which Dr. Quain placed upon the table, to consist chiefly in hyperplasia of the connective tissue. These specimens of disease not hitherto thoroughly identified are not to be regarded as mere pathological curiosities. The development of muscular fibre, connective tissue, and fat, having each a different origin, have also each a different therapeusis. In the first, we are warned to control overaction, and, so far as may be, to remove the obstruction which begets it; in the second or newly recognized form, which is the result of local inflammatory action, remedies ticketed formerly as antiphlogistic would be indicated; whilst the third calls for nutrient agents, and those which modify the development of fat.

It is always satisfactory, although not always possible, for a lecturer to be able to crown his work by the introduction of a novelty; and, although we can neither hope nor desire to be always hearing of new diseases, it is a matter of great importance so to study the recognized forms of disease as to analyze their real characters, and to identify species hitherto confounded. This is probably the most promising course of pathological research; for from it results a discrimination of the true character and origin of the particular condition to be treated, and therefore also the proper course of treatment for preventing the progress, arresting the development, or neutralizing the consequences of disease. Dr. Quain may be congratulated on having now added to his former services in the same field of investigation by his classical essay on *Fatty Degeneration*, wherein he defined its place as a retrograde metamorphosis, thus aiding in what Sir William Jenner, in his address to our Association at Leeds, described as "among the really great advances of medicine." Fully to understand the nature of the changes, and to identify this form of cardiac hypertrophy in the place which it will now take in medical literature, more detailed descriptions, with drawings, will be necessary; and these will be furnished with the text of the lectures, which, as we announced at the commencement of the year, will appear in our pages.—*Brit. Med. Journ.*, March 23, 1872.

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On the Use of Carbonate of Lithia in Gout and Uric Acid Gravel.—Prof. DITTERICH, of Munich, states (*Schmidt's Jahrbücher*, Oct. 1871) that carbonate of lithia must always be considered as the most powerful remedy in gout and the morbid conditions depending upon excess of uric acid, and the salt has fallen somewhat into disrepute of late only in consequence of being unsuitably administered. The doses of five to ten grains, recommended

by Aschenbrenner, generally produce very unpleasant symptoms, as dyspepsia, catarrh of the stomach and bowels, with vomiting, etc., which require the discontinuance of the remedy. These doses, according to Prof. Ditterich, are much too large to act beneficially, and the single dose should never exceed twelve centigrammes (a centigramme is the hundredth part of a gramme, which is about 15 grains) and in twenty-four hours not more than a gramme should be given altogether. The next question to be asked in the treatment of gout, is whether the case presents itself in the acute or chronic form, for in the former lithia is unsuitable, but in the latter the carbonate may be given in the proportion of half a gramme (about 7½ grains) in a hundred and fifty grammes of distilled water, one or two teaspoonfuls to be taken every two hours. Thus administered the lithia causes no inconvenience and generally affords relief in from eight to fifteen days, during which the painful parts are covered with socks or linen coverings. According to Prof. Ditterich, the gouty swellings which have become hardened are not affected by the lithia circulating in the blood, until the adjacent parts of the limb have been brought into a state of congestion by stimulating embrocations. —*Brit. and For. Med.-Chir. Rev.*, April, 1872.

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On the Use of Ergot of Rye in Dysentery. —M. Luton, of Rheims, states (*Gaz. Hebdomadaire*, Oct. 1871) that during an epidemic of dysentery which lately prevailed at Rheims he employed in the cure of the disease most of the remedies which are considered efficacious, and met with various degrees of success. The epidemic was not a very severe one, and most of the patients recovered; but, in the majority of the cases, it appeared to M. Luton that the therapeutical action was not very evident, nor the relief rapid; and moreover some of the patients, especially among the most aged, died. It was therefore desirable that some new method of treatment should be found, which might give more satisfactory results, and the opportunity of doing so was offered by the case of a female patient, who was suffering at the same time from uterine hemorrhage and dysentery. The ergot of rye was prescribed successfully for the former malady, and it was found that the latter was likewise benefited by the remedy; and, in fact, as soon as the first doses had been given, a condition of constipation was induced, which lasted for four or five days. This first experiment led to the use of the ergot in simple dysentery, and it was found that an improvement in the symptoms, and eventually a complete cure, followed the new plan of treatment. M. Luton gave the ergot in powder, in the dose of 3 grammes (about 45 grains) a day, divided into doses of 50 centigrammes (about 7½ grains); and two or three days generally sufficed for a cure in ordinary cases. The ergot appeared to attack not only the hemorrhagic element of dysentery, but the whole disease; and the mucous secretions, the griping, colic, and fever, were equally relieved at the very commencement of the treatment.—*Brit. and For. Med.-Chir. Rev.*, April, 1872.

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Injection of Ammonia into the Veins as a Remedy in Snake Poisoning.—Through the courtesy of E. C. Bayley, Esq., Secretary to the Government of India, Home Department, we have had an opportunity of perusing a correspondence which has passed between Professor G. B. Halford of Melbourne, and Dr. Fayrer, on the efficacy of injecting liquor ammoniæ into the veins as a remedy for snake poisoning. Dr. Fayrer asserts that his frequently repeated experiments on the dog prove that in really severe and effectual bites this plan of treatment does no good, and that injecting any other stimulant would be of equal avail in cases, where stimulation might be beneficial. Professor Halford appeals to his experience of human beings, who had been bitten by the tiger snake, recovering under this plan of treatment, and says that experience gained by experiments on dogs may not be true with regard to men. There can be no denying that men have recovered after having been bitten, and subsequently had ammonia injected into the veins, but so have men who have been bitten and had no ammonia

injected. The matter is one for discriminating and unbiassed experiment and observation. Doctors are not remarkable for concord regarding questions less difficult of satisfactory solution than this, and the only way of settling this issue is to take every opportunity of putting the vaunted remedy to trial, carefully study the case, and record it. Both Fayrer and Halford agree in thinking that ammonia is a good stimulant, and should be given in all cases of snake poisoning. The question is—is Halford's plan of injecting it into the veins more effective than exhibiting it by the mouth or subcutaneously injecting it? We trust that those of our readers, to whom an opportunity of putting the practice to trial offers, may do so and report the result. It is always difficult in any case to say what might have happened, had a certain thing been done or not done; but accurately recorded clinical experience is the only safe ground of conjecture, and the only sound basis of assertion in such matters. The quantity of liquor ammoniæ recommended for injections of this kind is 30 minims of the liquor ammoniæ, B. P. specific gravity .959.

The treatment is said to be equally effective in asthenia arising from other poisons or causes; we have read of its successful employment in a case of poisoning by chlorodyne.—*Indian Medical Gazette*, June 1, 1872.

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Action of Phosphorus on the Bones.—At the Surgical Congress, held at Berlin in April, Herr GEORGE WEGENER detailed the results of his experiments on the action of phosphorus on the organism, so far as they are of surgical interest. He finds that the fumes of phosphorus always produce periostitis of the jaws and facial bones in animals when the periosteum has been injured; when this membrane has not been injured, this effect is only occasionally observed. Phosphorus vapour also acts as an irritant on the exposed periosteum of other bones, but less intensely than on the jaws. Phosphorus given internally in pills, or in the form of phosphorus acid, affects the bones generally; but the results vary according as the animal is growing or full-grown. In growing animals new bone is deposited in much thicker masses than in the normal state. For instance, at the end of the diaphyses of the joints and at the beginning of the epiphyses of the long bones, the cancellated tissue is replaced by perfectly compact bone; and those parts of the bone which are formed from the periosteum undergo thickening, to such an extent as even to obliterate the Haversian canals. In grown animals the cancelli and the Haversian canals are narrowed; and in the tubular bones the medullary canal is encroached on by an osseous layer, and has even been observed, in fowls, to become completely obliterated. When the bones have been artificially injured by fracture or resection, the effect of the internal administration of phosphorus is to produce a richer and thicker deposit of new bone, presenting, especially after fracture, the characters of ivory. This effect on osteoplasis is produced by the daily use of doses so small as not produce any toxic results, even though long continued. The practical question raised by Herr Wegener was, whether these results did not point out that phosphorus might be found useful in osteomalacia and in fractures, and also in caries and rickets.—*Brit. Med. Journ.*, June 15, 1872.

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Treatment of Hæmorrhoids. — Hæmorrhoids, connected with prolapsus, were successfully operated upon by the application of nitric acid some thirty years ago by Dr. Houston, of Dublin. The method found great favour at the time, but has been somewhat displaced by the ligature, and the section followed by the actual cautery. Billroth, of Vienna, has of late revived Houston's operation, and reports excellent results, especially in those cases where frequent and dangerous hemorrhage had occurred. — *Lancet*, June 1, 1872.

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Eucalyptus Globulus.—Prof. GUBLER, in a memoir published in the *Journ. de Pharm. et de Chimie*, states that all parts of this tree are impregnated with an aromatic substance, most abundant in the young branches, flowers, and leaves. The

febrifuge properties of the eucalyptus have been established by numerous observations. Under the name of "fever tree," it constitutes, in Australia and the neighbouring countries, the popular remedy against the prevailing fevers. The observations of a number of European physicians agree in placing its febrifuge powers in the most favourable light. Success in its use seems to be the rule, almost without exception, and it is in cases most rebellious to quinia and the other febrifuges that the leaves of the eucalyptus are reported to have produced the most remarkable results.

It would seem that these trees exert a marked hygienic influence wherever they are found. It is cited as a notorious fact that intermittent fevers are entirely unknown in regions favoured by their growth, whereas, in localities similar in respect to climate, soil, etc., but destitute of eucalyptus, the population is decimated by paludal fevers. It is generally supposed that the marsh miasms are neutralized by the aromatic emanation from the trees, but Prof. Gubler regards it as probable that the sanative results are to be in part attributed to the purifying effects of the offal of the foliage and the continually desquamating bark upon the stagnant waters. Of such waters travellers drink with impunity, whereas it is imprudent to drink from similar marshes not bordered by these trees.

Eucalyptus is employed as a stimulant and disinfectant dressing to wounds, and as an astringent and hæmostatic. It is useful in leucorrhœa; its success in this condition is attributed by Prof. Gubler to its toxic effect upon the several infusoria which exist in the vaginal secretion.

The power of the active principle of the eucalyptus in preventing the development of cryptogams is remarkable. Solutions of the salts of morphia, strychnia, atropia, aconita, and eserina, for hypodermic injection, prepared with water distilled from eucalyptus leaves, retained their limpidity for several weeks, while other solutions prepared with pure water became turbid with confervoid flocculi in a few days.

M. Cloez has discovered in the leaves of eucalyptus a volatile oil which he has designated *eucalyptol*, the formula of which is $C_{24}H_{20}O_2$, boiling between 170° and 175° C., and more or less soluble in alcohol, ether, and the fixed and volatile oils.

Eucalyptol possesses a peculiar, fragrant, aromatic odour. Its taste is aromatic, pungent, bitter, and slightly acrid. In moderate doses it is well tolerated. Large doses produce a slight sensation of burning in the mouth, extending to the throat and gullet, and exciting the secretions of the mucous membrane of the mouth and salivary glands. They cause a sense of weight in the stomach and interfere with the digestive process. In some cases, when largely given, headache, general excitation, great restlessness and fever are produced. These symptoms are of short duration, rarely continuing beyond a few hours. Such effects are never witnessed in the anæmic; with these, eucalyptol produces sleep. When breathed in too great quantity in a confined space, the vapours of eucalyptol produce symptoms of intoxication, sometimes accompanied with headache. The powdered leaves are prescribed in doses of from one to four drachms. The medium dose of eucalyptol is 15 to 20 grains.

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Use of the Essence of Eucalyptus Globulus to disguise the Odor and Taste of Cod-liver Oil.—The researches of Prof. Gubler on the *Eucalyptus Globulus* and its essence —Eucalyptol—has suggested to M. M. H. Duquesnel a trial of the effect of the Eucalyptol in masking the disagreeable flavour and odour of cod-liver oil, and the result, he says, has been most satisfactory. He mixes one hundred parts of cod-liver oil with one part of the essence of eucalyptus. The oil thus aromatized, he states, has neither the taste nor odor of cod-liver oil; it is readily swallowed and leaves in the mouth or on the tongue only the flavour of the essence with which it is mixed; and the disagreeable eructations which follow the taking of the pure oil are completely modified. The aromatized oil may be kept for a long time if the bottle in which it is placed be main-

tained very closely stoppered.—*Rev. de Thérap.*, June 15, 1872, from *Bull. de Thérap.*

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Cause of Uterine Movements.—A short paper of considerable interest to gynæcologists, by Drs. ASER and SCHLESINGER, appeared in No. 52 of the *Centralblatt für die Medicinischen Wissenschaften* for 1871. From numerous experiments, chiefly made on pregnant rabbits, in which the uterus was generally at rest when they began their observation, they discovered that, whenever the blood which circulated either through the brain or through the uterus itself became extremely venous, tetanic contraction of the uterus took place. As is well known, the blood which is contained in the vessels of any part of the body may be rendered venous in several ways. May be done by stopping the respiration, so that fresh air is prevented from reaching the blood in the lungs; in which case the blood becomes venous throughout the whole body. Or the same effect may be produced by arresting the circulation in a part, by tying either the arteries going to it or the veins returning from it, when the blood stagnates in the vessels, and becomes completely venous; so that this part of the body is, as it were, suffocated, while the rest of the body is well supplied with arterial blood. A third way of producing this condition is by bleeding profusely, so that too little blood is left in the body to keep up the circulation. Accordingly, the authors found that, when respiration was stopped in curarised rabbits, violent contractions of the uterus occurred in from ten to thirty seconds afterwards. This was due to the venous blood irritating the brain; and the same effect could be produced by cutting off its supply of blood through ligature of the innominate and the left carotid and subclavian arteries. Bleeding the animal nearly to death acted still more rapidly, and produced tetanic contractions of the uterus in between five and fifteen seconds. The irritation of the brain, which produced uterine contractions, was conducted down the spinal cord to the uterus; and, when the cord was divided, irritation of the brain in any of the ways just mentioned produced no effect. Stagnation of the blood in the uterus, produced by compression of the aorta, caused uterine movements of the same tetanic character, but which did not begin till the compression had been kept up from seventy to one hundred seconds, and were occasionally rather weaker than those which originated in irritation of the brain. If spontaneous movements of the uterus were present, they soon ceased after compression of the aorta was begun; and, when arterial blood was again allowed to circulate through the organ by removing the compression, a strong contraction of the entire uterus, quickly followed by rest, took place.—*Brit. Med. Journ.*, June 22, 1872.

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Amyloid Degeneration.—It is well known that amyloid degeneration is very common after long-continued suppurations, especially of bones and joints. But Professor CONNHEIM gives (*Virchow's Archiv*, vol. liv., pts. i. and ii.) three cases in which it was found, after a suppuration of joints of only some months' duration. The suppurations occurred in healthy men from wounds received in battle. The spleen was affected in all the three, and the kidney in one, so that the amyloid degeneration was in an early stage. The author has no doubt that the degeneration was the result of the suppuration, and the cases are remarkable on account of its occurring after such a short period. —*Glasgow Med. Journ.*, May, 1872.

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Death after taking Hydrate of Chloral. —F. JOLLY (*Bayer Ærztl. Intell.-Blat*, 1872, Nos. 13 and 14) states that, in the course of two years, during which he has employed hydrate of chloral in the treatment of the insane, he had met with two cases of sudden death following its use. The dose was in each case below the average, and the chloral was chemically pure. The patients during life presented no contraindications to the use of the remedy. One had taken the chloral at night for four evenings in succession; on the fifth evening, after taking it, the respiration and circulation at once ceased. The necropsy showed anæmia of the brain, acute œdema of the lungs, hyperæmia of the abdominal

organs, a perfectly healthy heart and vessels, and dark fluid blood. In the other case, chloral had been given twelve days in succession, with the effect of producing sleep after a short stage of excitement. On the thirteenth day, the patient died, after some stertorous breathing, a quarter of an hour after the dose. There was here found moderate œdema of the lungs; the blood was fluid, but normally distributed; the heart was large and flabby, and its muscular structure was pale, but not friable.—*Brit. Med. Journ.*, June 22, 1872.

[It may reasonably be questioned whether the chloral hydrate had any influence in producing death in these cases.]

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Deaths from Chloroform.—On June 8, an inquest was held at King's College Hospital on the body of William Lyon, aged 36, who was an engine-driver, and had been under treatment at the hospital for an affection of the jaw-bone. It was considered necessary to perform an operation, and he was placed under the influence of chloroform, and two minutes after its administration he expired. A verdict that deceased died from paralysis of the heart, caused by chloroform, was returned.

The death of a patient while on the operating-table, under the influence of chloroform, occurred on the 27th of last month in the practice of the eminent Vienna surgeon Billroth. Disarticulation at the hip-joint was being performed, on account of osteomyelitis. The femoral artery had been tied, and Billroth was about to apply the galvano-caustic wire in order to divide the soft parts after the enucleation of the head of the bone, when the patient's breathing became stertorous, and he died. Tracheotomy was immediately performed; but it and all other attempts to restore life were fruitless.—*Brit. Med. Journ.*, June 15, 1872.

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Tests for Detecting Strychnia.—The *Popular Science Review* states that Dr. FILHOL, in a recent paper on this subject, maintains that strychnia should, in cases of poisoning, be obtained in the solid state; the alkalinity of its solution should be ascertained, as well as its intensely bitter taste; its behaviour with chlorine, and its blue coloration under the influence of sulphuric acid and oxidizing substances, should also be seen; while, lastly, as a very delicate reaction, Dr. Filhol observes that, with chloride of gold, strychnia (in solution) yields immediately a crystalline precipitate, which, although slowly, is yet distinctly formed in solutions containing one-tenth of a milligramme of the alkaloid. This precipitate and that formed by chlorine are at once dissolved by concentrated sulphuric acid, and, chromic acid being added, the well-known blue coloration that strychnia yields with this last reagent is produced. The presence of alcohol in liquids to be tested for strychnia should be avoided.—*Lancet*, April 27, 1872.

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Vital Statistics of France and Prussia.—A considerable sensation has been caused this week in France by the communication of M. DECAISNE to the Academy of Medicine of an important study on the depopulation of France, indicated by its present vital statistics. Comparing it with Prussia, he shows that there 100 marriages produce 460 children, while in France they give only 300. The percentage of births to population in Prussia is 3.98; in France, only 2.55. The annual excess of births over deaths in Prussia is 13,300 per million; in France, 2,400. As to the future, the French population would require one hundred and seventy years to double itself; that of Prussia, only forty-two; that of Great Britain, fifty-two; that of Russia, sixty years.—*Brit. Med. Journ.*, June 15, 1872.

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Cholera.—This disease is said to be spreading in Russia and in India. In the former it is gradually extending from the eastern to the central and western portions. At Moscow it is prevailing in a most malignant form, and a few cases have appeared at St. Petersburg. It behooves the authorities of our principal seaports to exercise the greatest vigilance to prevent, if possible, its introduction into this country.

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Thomas on Diseases of Women, as offered to the profession in this, its third edition, is the latest and best work in the English language (or we believe any other language) upon this subject. We have taken great interest in carefully perusing its pages, and find that he has given his opinions without apparent bias by what has been previously said either by himself or anybody else. If he wishes to condemn, he does so in a positive and manly way, and when he expresses opinions he carries conviction that he is correct. The comprehensive character of the work commends it to the profession, since nothing within its scope will be found wanting; it may truly be said to be complete in discussing every topic legitimately in this branch of practice. The older works upon diseases of women have proven almost obsolete, in the rapid process of this department of medicine. A few years makes it necessary to change much of the teaching or omit it altogether; revision of a work upon diseases of women has been a necessity. That it will be less necessary in the future, is quite improbable, since knowledge in this department is nearly all of it of comparatively recent date, and our present views and modes of procedure will be modified by experience and by the correcting influences of time. Meanwhile the work of Prof. Thomas may be relied upon as containing what is known of the diseases of women.—*Buffalo Med. and Surg. Journal,* June, 1872.

HENRY C. LEA, Philadelphia.

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GUERSANT ON SURGICAL DISEASES OF INFANTS, ETC., 8 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lectures on Strangulated Hernia. Delivered at St. Bartholomew's Hospital, by Sir JAMES PAGET, Bart., F.R.C.S., Consulting Surgeon to the Hospital.

LECTURE I.—I propose to give you some lectures on Strangulated Hernia, a subject of great interest in practice, and one which you should do your best to learn while here; for it is only in a large hospital that you can see many cases of hernia, and only by the study of many cases that you can prepare yourselves for the great variety with which you may have to deal.

While I was on active duty at the hospital, I operated (in the hospital and in private practice together) on about a hundred cases of strangulated hernia, and I kept full notes of nearly all these as well as of some in which my colleagues operated. It is from these notes, and from the memoranda of several clinical lectures, that I shall draw materials for my present scheme.

It may seem to you that a hundred cases of strangulated hernia should be sufficient for some statistical deductions; but they are not nearly enough. The varieties of hernia, their complications, and the different conditions of people in whom they occur, make so great a variety of cases, that it would need a tabulation of at least a thousand cases to obtain conclusions of real value. I shall, therefore, use my notes and recollections only to

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enable me to tell you what appear to be truths on some of the most important practical parts of the subject.

Our first subject may be the grounds for determining whether strangulated hernia, or one supposed to be so, is to be submitted to operation. Speaking generally, one may say, that, when in a case of hernia signs of strangulation are present, and reduction by the ordinary means cannot be accomplished, the operation for reduction should be at once performed. But then, what are the sufficient signs of strangulation? and what are the ordinary, or, better, the reasonable means for reduction without operation?

In all well-marked average cases, that is, in such as are neither slight nor very severe, neither (as some divide them) acute nor chronic, these following may be regarded as the signs of strangulation justifying operation. The hernia, usually reducible, or now first formed, cannot be reduced by reasonable means. If not recently formed, it is larger than usual, tense, firm, or even hard; without impulse, without resonance, painful, and tender on pressure, especially at its mouth and neck. The bowels do not act, though they may often be felt contracting, and may cause much colic and spasmodic pain, especially at the navel and the pit of the stomach. With this pain there is commonly some tenderness, with a feeling of tightness in the abdomen, especially about the navel and between it and the seat of the hernia. The patient is often sick, vomiting nearly all the food and drink that he swallows, and, besides, a quantity of gastric and biliary secretion, or of the contents of the small intestines more or less diluted. The pulse and respiration are usually quickened and rather feeble; the patient feels and looks restless, low, and miserable—or, as it is called, "anxious." He cannot sleep or eat; and the hands and feet are apt to become cold and shrunken and dusky.

Whenever all these things are observed, and when they remain after such reasonable attempts at reduction without operation as I will presently speak of, you may hold that the operation should be done without delay. Much more, if possible, should it be done if these things be all worse than I have described. When the integuments over the hernia are inflamed, thick, sodden, and ruddy, or emphysematous; when the whole abdomen is swollen, tense, and tender; when the vomit is just like the liquid feces of the ileum; the pulse very rapid, feeble, and small; the skin cold and dusky and clammy; when the patient is dim in sense and mind, or in an anguish of misery with retching and hiccough; where all or the greater part of these elements of what the old writers called a *miserere* are combined; then, without trying any other method of reduction, you must instantly operate, though you may have only the slenderest hope of doing good, and a serious fear of seeming to do harm.

Thus far, one may speak very positively. In the cases which I have sketched, there are sufficient signs of strangulation: and if the hernia cannot be safely reduced without operation, the operation must be done. But you will not see many cases without seeing some in which, although the hernia may be irreducible, yet the signs of strangulation are very slight, obscure, incomplete, or in some other way not sufficient to make it nearly certain that the operation is necessary. It is an easy rule for all these cases that, whenever you suspect that hernia is strangulated, you should operate. If you will follow this easy rule, you will do some very bad surgery; you will kill a few patients whose lives you ought to save; and you will make many ill for two or more weeks who might be well in as many days or hours. You must avoid the easy rule, and learn the hard one of discriminating the cases that require operation. You must learn to discriminate those on which the operation must be done at once, without any previous attempts at reduction, and those in which before operation one or more attempts at reduction should be made with chloroform or other helps. For the purpose of such discrimination, let it be your design, in each case of strangulated hernia, not to choose any measure for its reduction till you have fully weighed the signs of strangulation of which I have spoken. For convenience of thinking, you may divide them into

the local symptoms, including all the characters of the hernia itself, and the less or more remote or general symptoms, especially the inactive bowels, the state of the abdomen, the vomiting, the pulse and respiration, and the general condition. I will try to tell how each of these, in its several degrees, may be estimated.

1. First, of the local symptoms, the irreducibility of the hernia, its unusual size, its tension or hardness, and the others which I enumerated, a few rules may include all that I can tell of these. It will be convenient to speak of irreducibility last; for, though it may seem as if it should be the condition decisive for operation, it is really a fallacious sign of strangulation; and, in some instances, no trial should be made to test its existence. As for the other local symptoms, their presence, even in a marked degree, is not decisive of strangulation, and is not sufficient to prove the need of operating when the remoter signs are not present. For the local symptoms may be found when a hernia, or its sac, is acutely inflamed, though not strangulated. In this state, which may follow injury, or even arise spontaneously, a hernia may become quickly larger than ever, firm and very tense, without impulse, very painful and tender, hot and red, and not at all reducible by any fair means. The sac may suppurate, the integuments may slough; and yet there may be no strangulation and no need of an operation. I have, indeed, only once seen this sloughing of the integuments over a hernia; but the case is not likely to be without parallel, and was a glaring instance of the fallacy of the local signs of strangulation.

A very stout elderly lady had a large umbilical hernia, which became painful, tender, and irreducible; her bowels did not act, and she felt sick, but did not vomit. There appeared no urgent need for an operation, and she was one in whom an operation was not to be undertaken lightly. But, after three days' watching, during which the local, but not the remoter, signs had somewhat increased in severity, I found that a large portion of the thin integuments covering the hernia had rapidly sloughed. I operated at once, though with little hope of doing good; for I supposed that the contents of the sac must also have at least partially perished; but they were not even severely strangulated; the mouth of the sac was too small for their return, but they were not tightly girt, and the intestine was only moderately congested. The sloughing of the integuments seemed due to inflammation in a very feeble person, and an ill-nourished part; and with the same feebleness the patient died on the day after the operation.

You may find, then, and not rarely, that the local characters usually present in a strangulated hernia may be imitated in an inflamed hernia which is not strangulated. And, though very rarely, many of the remoter signs—the constipation and the vomiting, the quickened pulse and breathing, and the rest—may exist when a hernia is inflamed but not strangulated. How, then, can you discriminate? Generally thus: in the inflamed hernia, without strangulation, the local signs precede, and greatly predominate over, the remoter and general signs; while, in a hernia which is inflamed after becoming strangulated, the remoter and general signs will still predominate over the local, and the history will tell that they preceded.

These means of discrimination, however, will not always suffice. You will meet with cases in which you will be uncertain whether the hernia be only inflamed and irreducible, or strangulated and inflamed; but in these cases you must not be uncertain of your practice. If you cannot very easily reduce the hernia, you must operate. The risk of operating on a hernia which is inflamed and not easily reducible is very small, in comparison with the risk of leaving one which is inflamed and strangulated; and even if you find reasons for waiting, it must be with the most constant oversight, for an inflamed and irreducible hernia may at any time become strangulated, and will certainly do so if not relieved by rest and other appropriate treatment.

For a second rule: if the remote signs of strangulation be present, the local signs are urgent for speedy operation in the same degree in which they are marked, or

in even a greater degree; for severe strangulation is often associated with slight local symptoms.

But, to judge rightly from the local symptoms, each may need to be carefully weighed as evidence for the necessity of operating, or of adopting other methods of reduction.

In reference, then, to the chance of reducing a hernia without operation, it is a bad omen when one has quickly come down much larger than ever before. A great majority of patients give this as the beginning of their troubles. Sometimes they tell that, while making a great effort, they felt the descent come larger than ever; that they felt some pain or more than usual increase in the hernia, and could not reduce it in the customary way. More often the larger descent has happened without apparent cause. While the patient was sitting, or in bed, or quietly walking, the descent has occurred; but, perhaps, most frequently it has seemed connected with some diarrhœa, or colic, or spasmodic pain, or with some kind of turbulent movement of the intestines, for some hours, or a day or two, before the descent. In some cases, moreover, the unusual size of the hernia is attained at once; in others by gradual increase. In some it very quickly becomes painful; and these are rather less likely to be reduced than those in which pain follows more slowly.

I cannot give you any satisfactory explanation of these unusual descents of herniæ or of their becoming strangulated; but let them teach you not to be deceived by any notion, that some unusual or startling event is necessary as a cause for the strangulation of an old hernia. And I believe it may be held as a safe rule in practice, that the more a recently-descended hernia exceeds its usual size, the less is the probability of its being reduced without operation; and I think that the probability becomes the less, the more the size of the hernia continues slowly to increase; for not a few of those that have suddenly become very large, and then have not increased, may be reduced without operation, if the patient be put under chloroform soon after the descent.

Similarly, when general signs of strangulation exist, the harder and more tense a hernia is, the less is the chance of reduction without operation. The hardness may be due to any one of several conditions, but, to whatever it may be due, it is an untoward sign. It is especially so, if the hernia be a small one. In large herniæ, the hardness may chiefly be felt at and near the neck and mouth of the sac, especially in inguinal herniæ; and you must take care not to be deceived by a sac which is soft and flaccid everywhere except at its mouth; for there may be strangulated intestine in the mouth of the sac, though the rest contain only soft omentum or fluid not sufficient to distend it. Nay, you must not let even a wholly soft condition of the hernia, or an open external ring, weigh down against the well-marked general signs of strangulation; for the piece of intestine at the mouth of the sac may be too small to give a sensation of hardness, or the whole hernia may be omental.

Again, if the general signs of strangulation exist, the more painful and tender a hernia is, the less, speaking generally, is the chance of reduction without operation. But here it is to be observed, that this rule holds less for recent than for old herniæ. A recent hernia may be horribly painful, apparently because of the tension of the stretched fibrous tissues about the sac's mouth. Yet such an one may commonly be reduced with the help of chloroform; but an equally painful old hernia, or one that has slowly become thus painful, may require speedy operation. And the operation must be all the more certainly done when, together with any of the remoter signs, there are other local signs, such as inflammation of the coverings of the sac, suppuration, emphysema, or the like. These are imperative for operation, without any previous attempt at reduction.

And for another rule: if the remote signs of strangulation be well marked, and the hernia cannot be otherwise reduced, you must operate, though there be no marked local sign at all. Or, even beyond this, if the general signs of a strangulated hernia be present—the constipation, vom-

iting, and others—and there be anywhere a swelling which may be a hernia, though it seem not likely to be a strangulated hernia, the operation must be performed at the seat of that swelling.

Reasons enough for this rule may be found in the many cases in which the local signs of a strangulated hernia are so little marked that the patient, having his attention spent on the misery of his vomiting and epigastric pain, and other symptoms remote from the hernia, says nothing of the hernia itself. In not a few of my recorded cases, the hernia had been overlooked for a day or more; and the patient had been treated for spasms, colic, dyspepsia, or some other imitated disease, while the hernia was obscurely becoming hopelessly strangulated.

This last rule of operating, though there be no local signs of strangulation, may lead you into trouble; into the trouble and discredit of performing an useless operation, and seeming to do much more harm than good. But this you must face; it is just in instances such as this that surgery must incur the risk of seeming to do harm rather than miss the opportunity of doing good. I have operated thus uselessly in three cases. One was an irreducible umbilical hernia, in which there was no strangulation; but vomiting and other signs of strangulation, caused by (I believe) gallstones. Another was a simple femoral hernia, with an internal strangulation of a piece of intestine far away from it. The third was an inguinal hernia with the same complication. All the patients died, and my operations seemed worse than useless failures. But you must face this risk of seeming wrong.

You may have to go further than in these cases; and, if, for instance, a patient have two herniæ that are irreducible, and signs of strangulation, and you cannot tell which is strangulated, you must operate on both. I saw Mr. Stanley do this; and no one could blame him, though, when death followed, it was found due to an internal strangulation distinct from both the herniæ.

These are the chief rules, so far as I have been able to learn, according to which you may use the local symptoms of a supposed strangulated hernia as a part of the evidence for determining for or against an operation for reduction. And to these it may be briefly added that the local symptoms are generally less severe in the old than in the young; in old hernia than in new; in omental hernia than in intestinal.

2. Let me now go on to speak of the guidance to be derived from the remoter symptoms; and, first, from the inaction of the bowels. This inaction, or rather this hindrance to expulsion, is a nearly constant sign in strangulated hernia, but it occurs in so many other cases that its sole presence is of little weight among motives for operating. Its absence is, rather, that which needs study.

One or more actions of the bowels, after other signs of strangulation have set in, are of no weight at all against the propriety of operating. They commonly occur, because usually after strangulation the part of the bowel below the constricted part empties itself. These actions of the bowels are not to be counted on either side of the question about reducibility or operation; and even a regular and frequent action is not an absolute prohibition, for the strangulation may involve only omentum, or only a part of the circumference of a portion of intestine. In these conditions, feces may pass along the canal and be discharged.

I had to see a lady for what was considered an abscess in the groin. The swelling was just over the femoral ring, and contained fluid and air. I punctured it, and let out pus and air and liquid feces, and presently I found a piece of hernial sac sloughed off and lying in the abscess. This, and the history of the case, proved that the hernia had, about a week previously, descended when the patient felt a sudden pain while driving. The hernia was so small that it was overlooked; its pain and the griping which it caused were thought due to colic, and were so treated. The bowels acted sufficiently, and gradually the little hernial sac and its inclosed piece of the intestinal wall died and sloughed off. Then came the signs of abscess over the femoral ring, and its outlet; and this was followed by complete healing and many years of health.

However, such cases as these are very

rare; and you may hold by the general rule, that you should not operate when the bowels act frequently or regularly, unless all the other signs of strangulation, both local and remote, be well marked.

3. The state of the abdomen is as little or less decisive in cases in which you may be in doubt. Of course, if it be sensitive and tender on pressure, either everywhere or in parts near the hernia, still more if it be distended and the muscles hard, this is an addition to the reasons for operating, and, I may add, to the reasons for fearing that you may be too late. It is more to be remembered that, when the abdomen is not tense or tender, when it may even feel nearly natural, yet you must operate if other signs of strangulation be present, and the hernia cannot be put back. For the changes of the abdomen are not common near the beginning of strangulation, and to wait for them would often be to wait till too late.

4. If I were asked which of the signs of strangulation I would most rely on as commanding the operation, I should certainly say the vomiting. Time after time, when the other signs were feebly, if at all, marked, the vomiting has been a sufficient guide to a timely operation. Many times, when all else was so quiet that it seemed rash to operate, the vomiting proved that it would have been much more rash to wait; and not one instance can I find in my notes in which neglect of the import of vomiting was not proved to be unwise. You had better hold the rule complete, that, when a patient has a hernia, recently become irreducible, and, with this, vomiting which cannot be clearly assigned to something independent of the hernia, you should operate. I am obliged to say recently become irreducible, because a patient with an old irreducible hernia may vomit, as any one else may, without any reason for suspecting strangulation; though in even these old cases you must be very watchful lest the vomiting may be an early stage of strangulation. But the rule is safe that recent irreducibility and vomiting are enough to justify the operation, even though there be no other sign of strangulation present. Much more must the operation be deemed necessary when with these the other signs of strangulation, in even slight degrees, coincide.

And in this judging of the vomiting, do not be too scrupulous as to its manner or its products. There are indeed some notable modes of vomiting when intestine is strangulated. The patient vomits all he drinks, and that soon after taking it; and besides, he vomits fluids of his own secreting; and this vomiting is commonly (at least in the later stages), with gushes of large quantities of fluid, without much retching or violence, as if the stomach slowly became full of its own secretions and those of the upper part of the intestine, and then, without any preceding nausea, suddenly emptied itself.

When you see these kinds of vomiting with a hernia lately become irreducible, or even with any swelling that may be a hernia, you may be sure that you must operate. But do not wait for any supposed characteristic mode of vomiting; do not be misguided by the absence of some peculiar fluid; nay, do not be misguided by the absence of all vomiting; for I have known it absent in the case of a very large hernia, which was certainly strangulated, and on which I operated successfully; and do not be misguided by an apparent diminution in the severity or in the frequency of vomiting, or by the vomiting having begun as soon as the hernia descended; for this it often does. Any kind of vomiting, if it be repeated, is enough to justify operation in a hernia recently become irreducible. Let me tell an illustrative case, which taught me the more, because it occurred in one whose life was of great value. He was aged 56, weakly, but laborious in literature. For three days after the descent of a hernia, which could not be reduced as it usually had been, there was not a single sign of strangulation, except this irreducibility, constipation, and occasional vomiting. He had no pain in or near the hernia; no feeling or aspect of illness; no hardness or tension of the sac; and the vomiting was only occasional, and there were often many hours of interval. But, after the three days, abdominal pain suddenly set in, with coldness and faintness, and

wretchedness. Within two hours I operated; but it was too late; peritonitis had already begun, and the operation was useless or worse than useless. He died in twenty hours.

Cases like this are frequent. All seems pretty well; and then comes an inrush of indomitable symptoms. The hernia is not acutely inflamed; the patient is not greatly distressed; he flatters himself that he is better, and the similar flattery of his friends is yet stronger; all are averse from operation, and you can hardly persuade yourself to be resolute about it. But there should be no hesitation. I lost the chance of saving this man's life, by underestimating the importance of occasional vomiting as a signal for operation. If you lose such chances, you will be still more blameworthy; for you will have had more warning than ever I had.

And once more; do not be deceived by the cessation of vomiting in the extreme condition of strangulated hernia. This sometimes happens; but it is a token of evil rather than of good, if general improvement do not coincide with the cessation of vomiting. So, again, sickness may be stopped by narcotism; but here again there is no evidence of such general improvement as might justify waiting.

5. In the recent stages of strangulation, if it be not very acute, the respiration and pulse are little affected. The pulse is usually accelerated, and at first may be full and firm. I find that it was between 80 and 90 in a large majority of the ordinary cases which I have recorded; and the respirations are, generally, I think, in due proportion to the pulse. As the other signs of strangulation become more marked, these, I think, always coincide with them. The pulse usually becomes quicker, feebler, smaller, unless indeed after the warm bath, when its strength and size may be greatly increased; the respiration, I think, keeps pace with the pulse.

Thus, these signs corroborate the others in urging to an operation. I have not any notes or knowledge of cases in which the pulse or respiration was so inconsistent with other signs of strangulation as either to justify or to forbid the operation. But you may have this for a safe rule; that if, while you are watching a case, doubtful whether there be strangulation, the pulse and breathing should increase in frequency, you may believe that there is a commensurate increase in the reasons for operating.

Lastly, as to the patient's aspect and general condition, little that is definite can be said. You read of an anxious expression, and it is called characteristic, as many other fallacious things are. I should rather call it an expression of distress or of misery; but, however you may name it, be careful not to think that you must see it before judging that it is right to operate for a strangulated hernia. The worse a patient looks or feels; the more he looks shrunken, worn, and old aged; the more miserable his sensations; the more is it unlikely that his strangulated hernia will be reduced without operation. But the reverse is not true. I have operated with full right, as proved by the result, on patients who neither looked nor felt miserable or anxious in any sense of the word. And I have seen a patient looking well and tranquil, in whom a femoral hernia, after seven days' strangulation, contained completely gangrenous intestine.—*British Medical Journal*, April 6 and 13, 1872.

HOSPITAL NOTES AND GLEANINGS.

Dr. Murchison's Clinic at St. Thomas's Hospital.—The interest and value to the ordinary student of cases in a medical ward are mainly dependent upon the teacher, and upon the time and trouble devoted by him to their study and exposition. How frequently one is met with the answer that there is "nothing much in the ward;" that "there are no interesting cases in at present," and such like expressions. There are perhaps occasionally seasons of dearth; but our own experience has led us to observe that "good cases," by, we presume, some unaccountable law not fully recognized, never fail to come in large and unfailing numbers under the notice and into the wards of the few clinical teachers of the London metropolitan schools. Every case of dis-

ease is interesting and instructive, provided the physician or surgeon take the trouble, and possess the knowledge and genius to make it so. We have never failed to find a practical application of these remarks in attending the visit of Dr. Murchison. Indeed, so far as clinical material is concerned, there is at present almost an *embarras de richesses* in his wards.

Embolic Hemiplegia, with Choreic Movements.—In some cases of chorea, embolism of certain cerebral vessels has been observed after death. The interest of the present case was accordingly enhanced, as the appearance of chorea bears on the pathology of the affection. The patient was a boy, aged 8, who had passed through an attack of acute rheumatism, with mitral valvular disease, and who, six months afterwards, became the subject of incomplete and apparently embolic hemiplegia of the left side, for which he had been admitted one month previously. It was observed at the time of admission into the hospital, that choreic twitchings, especially on the paralyzed side, were present. These, however, had now left, and the boy had almost entirely regained the use of the left side.

Well-marked and prolonged general Symptoms of Phthisis before the Appearance of Cough and Local Signs.—The patient, a man 39 years of age, had been for three months the subject of night-sweats, rigors, emaciation, and symptoms of hectic fever, and other signs of phthisis, without any of the physical signs of the chest denoting the existence of the disease, and without any cough. These, however, at length developed themselves in a well-marked manner while under observation. Such cases, Dr. Murchison observed, are occasionally met with.

Dropsy (chiefly Hepatic) relieved by the external and internal application of Digitalis.—The value of digitalis as an external application has been long recognized, although acted upon in a very limited degree. In the present case, the patient, a boy, aged 11, had been an invalid for twelve months. His illness commenced with an attack of acute rheumatism, which left him with a double mitral murmur. He was admitted into the hospital in November, when his legs were found to be œdematous, and his urine albuminous. The œdema diminished under acupuncture and other treatment, and the albumen, after a recurrence, entirely left; at the same time, evidences of ascites supervened, which Dr. Murchison believed to result from a fibroid condition of the liver, which had also in the mean time increased in size, consequent on the long continued cardiac congestion. Paracentesis abdominis was had recourse to for temporary relief after the abdomen had been greatly distended. The fluid again began to accumulate. The patient was treated by tincture of digitalis and iron internally, but without any effect upon the ascites. Digitalis was, however, in addition applied externally, in the form of infusion made four times the pharmacopœial strength, to the loins and abdomen, and with marked effect, the flow of urine increasing, and the ascites diminishing considerably.

Empyema; Rupture into Bronchus; Convalescence.—The subject of the affection was a man, aged about 40, the history of whose illness was an urgent attack of pleuritis in the right side, which was followed for eight weeks by the pain of distension, and subsequently the sudden expectoration of an enormous quantity of pus. He was admitted into the hospital four months after this occurrence, when it was found that the measurement of the affected side was less by an inch and a half than the healthy one, and that some symptoms of fluid still remained in the right pleural cavity. Dr. Murchison pointed out that, in this case, the general indication in the treatment had been to improve the general health of the patient. This had been followed out, and now, after a residence in the hospital of about six weeks, there were evidences of increasing recovery of the lung, and the patient had gained in weight.

Violent Diarrhœa and Vomiting from eating Pork.—In this case, the symptoms, which were rather violent, were clearly traceable to the patient's dining on pork. Dr. Murchison pointed out that cases were not unusual, in which an article of

diet which proved harmless over and over again, would produce in the same person severe gastric symptoms. Such was the case in the present patient.

Obscure Attack of General Dropsy, with Œdema of the Lungs.—The patient, a wretched-looking and dwarfed boy, aged 11, was suddenly seized, ten days before admission, with general dropsy, ascites, œdema of both lungs, and cough. No cardiac or renal mischief was discovered; and, although the liver was slightly enlarged, still there was not sufficient mischief in that organ to account for the dropsy. The spleen was large, but there was no increase of temperature. Dr. Murchison, in the absence of any apparent organic disease, was inclined to believe that the condition of the patient was due to some morbid condition of the blood. He was improving on iron.

Syphilitic and Amyloid Disease of the Liver.—The subject of the disease was a man, rather intemperate, aged 45, who, when admitted, presented symptoms of ascites, enlargement of liver, extensive cicatrices of the tongue, and cicatrices of previous ulcers on the legs; the spleen was also much enlarged, but the urine contained no albumen. The ascites diminished under treatment, and the liver was then found to be enlarged. He was now being treated by nitromuriatic acid and gentian.

Good Effects of Aconite in acute Pneumonia.—Amongst other cases of interest which came under our observation in the male wards, was that of a boy aged 15, who was admitted with acute pleuropneumonia of the right side and herpes labialis, and considerable increase of temperature. On the administration of eight-minim doses of tincture of aconite, with liquor ammoniæ acetatis every four hours, the temperature at once came down, and the disease did not increase.

A case of spinal meningitis recovering under treatment by belladonna and iodide of potassium; one of granular kidney in a painter, with hypertrophy of the left ventricle and chronic changes in the retina; and a case of double pneumonia, with extension of the inflammatory process to the pericardium, also presented some points of clinical interest.—*Brit. Med. Journ.*, July 13, 1872.

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Obstinate Constipation, probably dependent on Chronic Lead-poisoning.—The patient, a woman aged 40, was admitted with colic and constipation of ten days' standing. She complained of great pain in the abdomen, which was mostly paroxysmal, but from which she was never entirely free. There was very little tenderness of the abdomen, and no fever, but there were occasional sickness and vomiting. There was a distinct blue line on the margin of the gums, and this symptom assisted in arriving at the diagnosis of simple constipation, although it was impossible to trace the manner in which the lead had been introduced into the system. Small enemata of oil of laudanum, followed by large injections of gruel, were administered, with good results. One or two spontaneous motions were afterwards passed, and she seemed to be doing well. Latterly, however, she appeared to be again getting into the same state, and for five days her bowels had not been opened. She was now ordered enemata of assafœtida. To relieve the abdominal pain, she was at first ordered pills of belladonna and opium, with satisfactory results.

Intermittent Sarcinous Vomiting with Organic Disease of the Stomach.—The subject of this affection was a woman aged 49, who had been suffering for six months from vomiting of sarcinæ, and other symptoms pointing to malignant disease of the stomach. The vomiting came on at intervals of about seven days, and was very copious. All the gastric symptoms, including the vomiting, were relieved by creasote and morphia, in the proportion of one minim of the former to doses of the latter increased to half a grain.

Circumscribed Empyema pressing down the Liver: Paracentesis.—The patient, a female, about eight years of age, had fallen six weeks before admission. This was followed by pain in her right side. When admitted, she presented all the signs of pleuritic effusion in the lower part of the side. The lower margin of the liver descended below the umbilicus, and there

was displacement of the heart towards the left. The measurement of the right side increased greatly, without the dulness extending higher. At last fluctuation was detected at the most prominent part *below* the ribs. This was tapped below the ribs four weeks ago, and fifty-four ounces of pus were drawn off, greatly to the relief of the patient. The liver now ascended, but the level of the upper margin of dulness remained unchanged. The fluid, however, began to reaccumulate, and her temperature once more arose, and she presented symptoms of constitutional disturbance. A counter opening was now made in the back, when eight or ten ounces of fetid pus passed out. A drainage-tube was introduced and the pleural cavity was washed out daily with an aqueous solution of carbolic acid, in the proportion of one per cent. of the acid. Her progress had since been satisfactory; her general health and the local conditions had improved; and the temperature was now normal.—*Brit. Med. Journ.*, July 20, 1872.

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Cases in Dr. Peacock's Wards in St. Thomas's Hospital, and Clinical Remarks. —*Pleurisy.*—When we visited Dr. Peacock's wards lately, there had been a "run" of cases of pneumonia and pleurisy, acute and chronic, simple and tubercular—forming together a very interesting group. One woman had been admitted with one side of the chest so full of fluid that the advisability of paracentesis was mooted; however, a diuretic and tonic plan of treatment with counter-irritation to the chest had effected the absorption of the fluid, and the patient was convalescent. Dr. Peacock observed that pleurisy was generally described in books as a disease attended with active inflammatory symptoms; but in many cases the patient was scarcely aware of anything being wrong till one side of the chest was more or less full of fluid; there was generally some discomfort, but often little pain and little fever, little more indeed than great prostration of strength and some shortness of breath. The disease progressed insidiously until the patient began to suffer from dyspnœa, etc., due to the effusion. Pains in the chest were common enough, but were often due to other causes, as pleurodynia; still they must never be neglected. Simple pleurodynia occasionally passed into pleurisy. He had been annoyed more than once by hearing unmistakable friction after listening vainly on several days, and after having given an opinion that the pain was merely rheumatic. The study of text-books, again, would lead to the idea that there was but one sort of pleural friction; that usually described is the "sound of ascent and decent" of Laennec—a harsh, sonorous friction-sound, due probably to the rubbing together of the dry surfaces of the pleura. This is very characteristic, but is by no means the only, nor even the most common, form of friction sound; and, when it occurs, it has often disappeared before the patient is removed into hospital. Perhaps the most common form is what might be called "subcrepitant friction," a somewhat fine crackling sound, which differs from the subcrepitant *râle* chiefly in being very superficial. This form of friction is very commonly heard during the process of absorption of a pleuritic effusion; it is probably due to the rubbing together of the surfaces of membrane when covered by thick soft layers of lymph. In many cases, too, this is not constant; it disappears after a few deep respirations, to reappear in the same place after an interval. In many of the insidious cases just referred to, friction is absent throughout; there is a large effusion of fluid with only a little lymph, and when the fluid is absorbed, the pleura retains its healthy condition.

Encysted Pleurisy.—Another very interesting case was that of a blacksmith, a tall, well-made man, aged 27, who, on admission, had absolute dulness with complete absence of breath-sound over the upper third of the left lung, and much fulness in that situation. Six months before admission, he had some hæmoptysis, and a little before that had suffered from slight cough and some failure of health; on the other hand, his aspect was not tubercular, and his family history was good. The physical signs were so marked as to give rise to a suspicion of malignant

growth, but there was no acute pain, swelling of the arm, or other sign of the pressure of a tumour. Dr. Peacock diagnosed encysted pleurisy, and, with the aid of blisters and tonics, the fluid was absorbed; some amount of consolidation, apparently tubercular, was left.

Empyema.—There were two cases of empyema, in both of which the fluid had been evacuated by the lungs. In one, a girl, about twenty-four years of age, the pus had also discharged itself externally, but the opening had healed quite soundly, the side was gradually contracting, the respiratory sounds were returning, and the young woman had improved greatly in health. The other was a boy, aged 10, who had been sent into the hospital for supposed pneumonia. Shortly afterwards, he suddenly expectorated, after a severe fit of coughing, a large quantity of pus; a considerable part of the previously dull area of his chest was now found to be somewhat tympanitic, and when he coughed there was a loud amphoric sound. Since then he had continued to expectorate pus at intervals, but the side was gradually contracting, the lung expanding, and the amount of fluid in the cavity was diminishing. Although pale, the patient was stout and lively; indeed, the trouble throughout had been to keep him quiet in bed.

Dr. Peacock remarked that, in cases of phthisis, the symptoms of perforation of the lung are often much less severe than one would expect. When it occurs in a case of early phthisis, whilst the patient is still in fair health, the symptoms are sufficiently well marked; but, in any more advanced cases of the disease, pneumothorax may supervene, with so little local pain and additional constitutional disturbance that its occurrence may be overlooked. In some cases, too, the escape of air and consequent effusion of fluid is limited by adhesions, rendering the physical signs very anomalous and puzzling. A sign which is always mentioned in books, and often the first which is given by a student under examination, is the peculiar sound produced by succussion; this is, however, a very uncertain sign, only met with when there is a considerable amount both of air and fluid in the pleural cavity, and when this cavity is tolerably free from adhesions. Dr. Peacock added that, although the prognosis of such cases as these is not very favourable in adults—permanent fistulæ being often the result—children generally do well. He has witnessed so many spontaneous cures that he does not, as a rule, advise an operation; if, however, the patient be distressed or greatly inconvenienced by the amount of the effusion, or if he cannot readily expectorate the matter, he would at once perform paracentesis; he prefers that the opening should be free and that the patient should wear a canula, or better still, that a counter-opening should be made and a drainage-tube inserted.

Speaking of *Pneumonia*, Dr. Peacock said that his experience of the disease as seen in London did not agree with what was generally stated, as to the rapid recovery of the patients and the complete disappearance of the physical signs in a short time. A sudden fall of temperature, indeed, does generally occur; but he finds that the physical signs usually clear off very gradually, and that evidence of a certain amount of damage to the lung often persists for a considerable time. The rapidity of the recovery depends also very much on the simple or complicated character of the case; after pleuro-pneumonia and broncho-pneumonia, convalescence is often very protracted.—*Brit. Med. Journ.*, July 20, 1872.

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Intracranial Tumours. — At a recent visit to the London Hospital we saw, under the care of Dr. HUGHLINGS JACKSON, several cases of intracranial tumour, or rather cases in which that diagnosis had been confidently made. One was that of a boy nearly nine years of age, who was supposed to have a tumour of the middle lobe of the cerebellum. A case very like it, in the life history, and in which tumour of this part was found, is recorded by Dr. Hughlings Jackson in this Journal, November 4th, 1871, page 528. In both cases, there was, at the beginning, irregular gait; there were double optic neuritis and enlargement of the head. The pa-

tient we saw at our recent visit is in an advanced stage, he lies on his back with his legs and feet extended, and with his arms flexed acutely at the elbows. There is, however, no drawing back of the head; there is no arching of the back; and his abdomen, although sunken, is not at all hard. The head is almost constantly turned to the left, as are also the two eyes. From this position he never moves, except that the eyes occasionally wander to the right. His head is not only large —strikingly above the ears—but it is evenly enlarged, for the sagittal suture gapes widely (no relics of rickets in his body). A tumour of the middle lobe, by pressure on the veins of Galen, will cause hydrocephalus. Mr. Hilton thinks that the cause of the common form of hydrocephalus is the result of closure of the cerebro-spinal aperture, which, according to him, is usually open. Possibly, then, in this case, the tumour closes this opening. But, whatever the mechanism may be, we see that, in an indirect manner, disease of the cerebellum can affect the cerebrem; there are mental symptoms in these cases. In a case closely like this in Guy's Hospital, many years ago, Sir Wm. Gull drew attention to the very general fading out of mind (a tumour of the middle lobe of the cerebellum was found, *post-mortem*, as Sir Wm. Gull had predicted). In the boy whom we saw, there is great apathy; he never speaks unless he be spoken to, when he replies correctly. He lies on his back in one position all day, never taking notice of anything unless directly addressed. But against this is to be noted the fact that he can sing. Mr. Stephen Mackenzie has heard him sing several songs; songs which he had learned when well, and which he used to sing at home. He sang for the class, and apparently with great interest, the first verse of "Up in a balloon."

In these cases, the intracranial pressure will be very gradually exerted (nervous matter bears slowly exerted pressure very well) and very evenly distributed—pressure by fluid. Thus we may account for the very general mental affection—the "fading out of mind." Power to sing is no very strong evidence of mental power. It is a largely automatic act. Aphasics can sometimes sing, and some idiots can. But it must be again remarked that the boy gives courteous and exact replies to simple questions; moreover he replies readily. In Sir Wm. Gull's case, towards the end of life, the interval before replying was so long, that a hasty observer would have supposed that the patient was deaf or entirely demented; but at length the reply came, and it was slow and monotonous. The absence of deafness in these patients is noteworthy. In cases of intracranial tumour, it is as important to note the almost constant absence of deafness as it is to note the almost constant presence of blindness (partial or total).

In the boy whom we saw, there have been no tetanus-like fits, as there were in the case recorded in November. From theoretical considerations, Dr. Hughlings Jackson has been led to suppose that the changes which cause the tetanic paroxysm and the interparoxysmal "set" of the trunk and limbs in tetanus are seated in the cerebellum, and not in the spinal cord, or not limited to it. But, since two such able observers as Lockhart Clarke and Clifford Allbutt have described changes in the cord in tetanus, he has refrained from fully stating this hypothesis. In the mean time, he diligently collects observations as to the tetanus-like affections, especially in the case where a gross (an obvious) lesion is likely to be found *post-mortem*, to fix approximately the seat of the minute changes causing the paroxysm. Hence the interest of the tetanoid fits in the case related in November. In some cases of cerebellar disease there is only a fragment of the tetanus-like condition.

There is (we may now say there was, for the patient died a few days after our visit) a woman, aged 52, who was plainly the subject of intracranial tumour. The double optic neuritis, the severe headache, and urgent purposeless vomiting, warrant this diagnosis. The doubtful questions were as to the position and nature of the tumour. She mostly lay in bed during her stay in the hospital, but when induced to walk, she "walked badly." Besides being quite blind, she was so dull and also so exceedingly timid and suspicious, that it

was difficult to make a more precise statement. She could not stand by herself; and it was particularly remarked that she fell backwards when left without support. Besides this, she was quite deaf of the right ear. These were the only localizing symptoms at first. Later, there was a nasal articulation, and the head was placed slightly to the left; her voice remained good to the last. It was supposed that the tumour lay under the tentorium, on the right side, so as to compress the auditory nerve. It was found, however, in the right posterior cerebellar fossa, or rather inserted, as it were, betwixt two flaps of the right cerebellar lobe, from which position it was detached—almost fell out—on removal of the brain. Whether the deafness was the result of indirect compression of the soft auditory nerve, remains doubtful. In such a case it is not worth while to speculate as to the relation of the falling backwards to disease of the auditory nerve or the semicircular canal, as there was a large tumour of the cerebellum. It would be unwarrantable to say that disease of the cerebellum itself produced the deafness—although the cerebellum does receive a larger share of the auditory nerve—because in most cases of cerebellar disease there is no deafness. But, again, it may be urged that the deafness was the result of an auditory neuritis. But, once more, tumour of the cerebellum is very rarely attended by deafness any way caused. Nothing is rarer, says Vulpian, than trouble of hearing in alterations of the cerebellum. (Of course, cases of abscess of the cerebellum from disease of the ear have no bearing on the question.) As to the nature of the disease, there were, at first, no doubts on the important question whether it was syphilitic or not, or rather, the style of the symptoms never suggested syphilis, and inquiries elicited no information about it. But about a month before her death, a nasal tone of voice led to an examination of her throat, and there was seen what was supposed to be an ulcer, on the back of the pharynx; "supposed," as, from her condition only a flying sight of it was to be got. On the chance of its being syphilis, large doses of iodide of potassium were given. At the necropsy, the pharynx was examined, and no trace of ulcer or cicatrix was found. The tumour was not syphylitic.

There is a woman in the Hospital aged 37, who is believed to be the subject of intracranial tumour. She has had headache, vomiting, and double optic neuritis. She was in the hospital just about a year ago; and the interest of her case is that both then, when the neuritis was in an acute or severe stage, and now she can read No. 2 of Snellen, although the changes in her discs have not even yet completely disappeared. It is, Dr. Hughlings Jackson says, extremely common for severe optic neuritis to exist when the patient can read the smallest type, and, what is more important, in some cases the changes pass away almost entirely—so far that a careful examination by the direct method is necessary to detect any abnormalities—when sight has never been affected. In short, occasionally there may be the pathological condition optic neuritis without the symptom amaurosis attending or following it.

The other day, a necropsy was made on a patient who had had hemiplegia of the left side, and also had, Dr. Hughlings Jackson supposed, optic neuritis on but one side, the side opposite the lesion. This is the second case in which Dr. Hughlings Jackson has seen uniocular neuritis from intracranial tumour; in that case, also, the tumour was in the side opposite the neuritis (case reported, *Royal London Hospital Reports*, November, 1871, p. 130, microscopical examination of both eyes by Dr. Hermann Pagenstecher).

There is a woman, aged 42, who has double optic neuritis, and also loss of smell—possibly owing to olfactory neuritis. There is no affection of taste in the strict sense of the word taste; at any rate, she can recognize bitters and sweets (quinia and sugar were used.) The existence of anosmia, Dr. Hughlings Jackson believes, does not warrant the diagnosis of disease actually involving or directly squeezing the olfactory bulbs, any more than optic neuritis warrants the diagnosis of disease actually involving or directly squeezing the corpora quad-

rigemina, optic tracts, or optic nerves. Probably, in most cases, the disease which causes the anosmia is of the anterior lobe; as to the optic neuritis (with or without defect of sight), it is of no value whatever in localizing, any more than "cerebral" vomiting is. When the class saw her last, she was reading; and on trial, when helped by convex glasses to correct her presbyopia, she could read, although badly, No. 1½ of Snellen. Nevertheless, her optic discs are much swollen, the arteries are not traceable, the veins knuckle over the edge of the swelling, and there are effusions of blood. She has other symptoms, and these localize. She has occasionally convulsions, followed by hemiplegia, and nearly complete loss of speech. These symptoms point to disease of convulsions of the left cerebral hemisphere. Although there is no demonstrable evidence of syphilis, syphiloma of the brain is most likely to be the cause of the symptoms; and as her convulsive seizures have varied not only in degree, but in kind, probably there is more than one focus of disease in the brain.—*Brit. Med. Journ.*, July 20, 1872.

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Treatment of Strangulated Hernia by Puncture of the Intestine.—The very great importance to surgical practice which the introduction of any plan for the treatment of strangulated hernia implies, induces us to refer to a method suggested by Mr. Bryant in a clinical lecture delivered at Guy's Hospital in the month of February of this year.

Mr. Bryant gave the details of a case which occurred to him in 1871. It was that of an old man, aged 71, the subject of strangulated scrotal hernia, upon whom he had performed herniotomy, it being necessary to expose the bowel in order to return it. Owing to the restlessness of the patient, however, the gut again descended in a few hours, and all attempts to reduce it failed, until the large intestine was punctured in four or five places with a grooved needle, and a quantity of flatus (but no fecal matter) let out. The patient recovered without a single bad symptom. In his subsequent remarks upon this case, Mr. Bryant observed that it proves clearly that puncturing the intestine freely may be resorted to with every prospect of success in some cases of hernia. He raised the question whether it is not possible to reduce some herniæ without any operation at all, and he stated that he had made up his mind to try the practice in large scrotal and umbilical herniæ, and thought favourably of its employment in all cases of acute internal strangulation due possibly to bands or twists.

Since the publication of this lecture the treatment of puncturing the bowel to remove strangulation has been followed in three cases (which are now well known), two of which have been published. The third occurred in the practice of Mr. Hulke, in the Middlesex Hospital, in the early part of May. The case was one of internal strangulation from a band, in which abdominal section was performed, and the distended small intestine punctured (ultimately laid open) before reduction of the bulging portions could be effected and the wound closed. This case, with Mr. Hulke's remarks, will shortly appear in our pages.

Of the two published ones, one was reported by Dr. Léon Labbé, of the Hôpital La Pitié. It was a strangulated inguinal hernia, of about eighteen hours' duration, in an old man, aged 70. Here, as the taxis failed, puncture with the aspirator was proposed, and a No. 2 needle introduced. In eight days the patient was well. The other case was one brought before the Académie de Médecine, on May 21, by M. Demarquay, full details of which will be found in the *American Journ. Med. Sci.* for July last, p. 267.—*Med. Times and Gaz.*, Aug. 3, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

The Current Materia Medica.—Dr. E. R. Squibb made some interesting remarks before the New York Academy of Medicine (June 20th, 1872), from which we extract the following:—

The various *extracts of meat* sold at the stores are of little value; there is not one of them, which is advertised, which

will bear out the remark of Dr. Christison, "they arrest waste, but do not keep up the supply." His impression is, that there is not as much against the use of solid food or aliment in disease as has been said against it. The stomach is not a chemical laboratory, "a kitchen for cooking food," as Abernethy wisely remarked. Food should not be subjected to the ordeal of chemists, as the fashion is.

Among the articles that have been introduced in the dietary department, and have taken a firm stand in the materia medica, is *pepsin*. Generally, however, patients have been in the habit of taking starch rather than pepsin. Once get up a reputation concerning a certain variety of this agent, the manufacturer has a good start for making money. Some specimens examined were good and others bad. The name of the maker is no guarantee, as it may be good at one time and poor at another. While the proprietor is looking after the money column, the manufacture is entrusted to another. The fresh supply of pigs' stomachs must come from the western pork-markets.

The pancreatic emulsions and preparations of bismuth and pepsin, so fashionable now, cannot be recommended: bismuth and pepsin cannot exist together. Those fashionable mixtures of beef and iron—as Vinum cibi, Vinim cibi et ferri cum cinchona, etc.—are gross frauds; only money is in them. Hardly any cod-liver oil will pass muster except it is tasteless; and his impression is that many of these preparations are not cod-liver oil at all, only oil made up for the market. Good oils should neither be too dark nor too light, but of a medium colour. The dark varieties are made of livers in a state of decomposition. There are good cod-liver oils in market which come from Norway and Newfoundland. The reason that the Norwegian oil is less rancid than others is, because it is never made at a less temperature than fifty degrees; consequently decomposition is avoided. Oil, when in use, should be kept in a cool place, as a refrigerator, and after each dose is given the glass should be thoroughly washed. Small pieces of ice put in the doses of disagreeable substances, like cod-liver oil, render the agent almost tasteless. Those physicians who eschew the fashionable remedies take to the syrups, such as Aiken's syrup, etc. The lacto-phosphate of iron is based on fallacies like the others; but it is very taking, and is advocated by Horsford and others. Physicians are anxious to get solutions of phosphorus into the stomach, but before it gets there it becomes oxidized.

Another popular fallacy of the day is the use of sugar-coated pills or medical confectionery. Coroners have found these pills, after death, in the stomach and intestines, undissolved. Medicines should be given in such a shape that they will be quickly dissolved. It is not an easy matter to get the hard coat off the pills. Glycerin should be used in compounding pills, to render them soft. Pills made in this way are easily dissolved in the stomach. He has been astonished that Blancard's pill has been so useful as has been stated—it being covered with a metallic coat.

Medicines in capsules are not to be advocated—they being not easily dissolved.

The use of various forms of divided medicines, particularly "The Divided Medicine Co.'s" preparations, is another fallacy. It is nothing new, but an old way of preparing medicines. This way of dosing might be good if the physician would put the medicine up, but to purchase these preparations of companies is dangerous pharmacy. * * *

Condurango, which received its aid from the State Department at Washington, D. C., has pretty much gone out. That department deserves the reprobation of the physicians of this country. Reports have come back to the discredit of its use.

Nitrite of Amyl, introduced by the foreign physicians, and first written about by Dr. Richardson, of London, is a useful remedy. Cases of hemicrania, spasmodic asthma, etc., have been relieved by its inhalation. It is supposed to paralyze the nervous system of the arterioles; from sixty-five to seventy beats may be added in a few seconds by its use. The circula-

tion resumes its usual tone in a few minutes, and the effect of the remedy passes off.—*Medical Record*, Aug. 1, 1872.

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Galvanic Treatment of Bed-sores and Indolent Ulcers.—Dr. Wm. A. Hammond, of New York, recommends for indolent ulcers and bed-sores, the galvanic treatment as first suggested by Crussel, of St. Petersburgh. He says: "During the last six years I have employed it to a great extent in the treatment of bed-sores caused by diseases of the spinal cord, and with scarcely a failure; indeed, I may say, without any failure, except in two cases where deep sinuses had formed, which could not be reached by the apparatus. A thin silver plate—no thicker than a sheet of paper—is cut to the exact size and shape of the bed-sore; a zinc plate of about the same size is connected with the silver plate by fine silver or copper wire six or eight inches in length. The silver plate is then placed in immediate contact with the bed-sore, and the zinc plate on some part of the skin above, a piece of chamois-skin soaked in vinegar intervening. This must be kept moist, or there is little or no action of the battery. Within a few hours the effect is perceptible, and in a day or two the cure is complete in a great majority of cases. In a few instances a longer time is required. I have frequently seen bed-sores three or four inches in diameter, and half an inch deep, heal entirely over in forty-eight hours. Mr. Spencer Wells states that he has often witnessed large ulcers covered with granulations within twenty-four hours, and completely filled up and cicatrizations begun in forty-eight hours. During his recent visit to this country I informed him of my experience, and he reiterated his opinion that it was the best of all methods for treating ulcers of indolent character and bed-sores."

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Apparatus for Inhalation of Eucalyptus.—Dr. Stout exhibited to the San Francisco Medical Society an apparatus for the inhalation of medicated vapours. The medicated liquid is kept boiling by a spirit lamp and the vapour conducted through a tube. He had used the eucalyptus in this way, employing the tincture mixed in water. It was preferable to the common atomizer, because of the warm vapour, which is not only medicinal in itself but promotive of absorption. The eucalyptus he had found very beneficial in bronchial and pulmonic affections. Dr. Stout also distributed some *cigarrites* made by inclosing the powder of the leaves in a roll of paper, which were puffed by the members with apparent satisfaction.

Dr. Pigné-Dupuytren testified to the virtues of eucalyptus, which had been fully tested by himself and Dr. D'Oliveira, in the French Hospital. It had been found highly serviceable in affections of the larynx and of mucous membranes in general; also as a tonic.—*Pacific Med. and Surg. Journ.*, Aug. 1872.

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Successful Ligation of Right Carotid Artery for Aneurism.—Dr. Pigné-Dupuytren exhibited to the San Francisco Medical Society a patient on whom he had performed this operation. The aneurism being on the right side and so near the innominate artery, it became a nice point to decide where the ligature should be placed, that it should not be too near the innominate to prevent the formation of a clot, or upon the diseased artery where a similar difficulty might arise. The ligature came away on the 17th day. In five months the tumour had entirely disappeared.—*Ibid.*

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Total Rupture of the Intestines from injury without any external evidence.—A very interesting case of this is related (*Pacific Med. and Surg. Journ.*, Aug. 1872) by Dr. Edwin Bently, Ass. Surg. U. S. A. A boy six years of age was accidentally crushed between the tail of a wagon and a board fence. He was taken up apparently fainting; stimulants were at once administered and he appeared to rally. The clothing being removed the body of the little fellow was carefully examined by an intelligent physician. No abrasion or bruise could be found over the entire surface, nowhere could tenderness be detected, and it was hoped the accident was not very serious. A suitable diet was directed,

and the stimulants continued, in expectation that with reaction from the shock and fright convalescence would ensue, or the severe features of the injury would become manifest. The first night was attended by a reasonable amount of repose, and on the following day, aside from the extreme paleness and anxious countenance, but little concern was apprehended. The second night was more restless, and constant nausea and frequent efforts at emesis occurred. The third morning it was noticed that the urine had been abundant, but no fecal discharge had taken place since the accident. Repeated cathartics were administered, but only to be returned like everything the stomach received. He was able to bear his weight upon his limbs and even to walk. It was thought evident that no bones were broken; the impression prevailed that if an evacuation could be obtained, the vomiting would be overcome, and little else would be needed; for the usual attendants of inflammation were not apparent, heat, pain, redness, and swelling were nowhere found. Purgatives in various forms were repeated. Yet nothing was retained; enemas were freely administered, to as little purpose. The third night the boy expired.

On post-mortem examination a few ounces of fluid was found in the cavity of the peritoneum; the serous coat of the small intestines was agglutinated together in patches; the ileum was ruptured in three places, and in one place, about ten inches from the ileo-cæcal valve, was completely separated; the calibre of the intestine being torn asunder.

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Summer Heat of 1872.—The records kept at the Pennsylvania Hospital show the temperature during June and July has been unprecedently high. The mean temperature for June was 76.62 degrees, within three-quarters of a degree of the highest ever known since the record has been kept, and for July 82.31, the highest ever recorded. Usually when June or July has been extremely warm, the preceding or succeeding month has been quite temperate, contrary to what has occurred the present summer. In this respect, as well as in the unparalleled heat of July, the present summer has been the warmest on record in our vicinity.

During the month of July, 11.22 inches of rain fell, a quantity never exceeded but once previously, and then by only half an inch. Rain fell on eleven different days of the month, the heaviest fall being on the evening of July 4, and measuring 3.13 inches, while the average rain fall of the month during the past thirty-five years has been only 4.08 inches. During the first six months of the present year 18.24 inches of rain fell, making a total of 29.46 inches, against 28.26 inches during the first seven months of 1871.

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Long Island College Hospital.—Dr. Wm. Warren Greene has been appointed Professor of the Principles and Practice of Surgery and Clinical Surgery in the above school. Dr. G. enjoys a high reputation as a skilful surgeon.

FOREIGN INTELLIGENCE.

Hydrate of Chloral in Hooping-Cough.—Dr. Karl Lorey reports (*Deutsche Klinik*, 46, 1871) the results which he has obtained from the use of chloral hydrate in pertussis. He gives it in the following formula: Hydrate of chloral 5 parts, distilled water 150 parts, syrup of orange-peel 15 parts. The dose is from one to three teaspoonfuls, according to the age of the child. Generally, one teaspoonful is given in the morning, and one or two in the evening. The medicine is commenced as soon as the earliest characteristic symptoms appear, and is continued until the cough loses its catarrhal character. It is borne well by children, and produces no unpleasant consequences. It produces a marked reduction in the number and intensity, as well as in the duration, of the paroxysms.—*Brit. Med. Journ.*, July 20, 1872, from *Wiener Med. Wochenschr.*, June 15.

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Nervous Sequelæ of Enteric Fever.—Dr. Nothnagel has collected a number of notices of affections of the nervous system following enteric fever, and has published an interesting essay on the subject in the

Deutsches Archiv. für Klinische Medizin. In most cases where these disorders are met with, they consist of paralysis of motion and sensation; while, along with the diminished cutaneous sensibility, there may be severe pain. Paraplegia is the most common form; it is generally limited to the lower limbs, but sometimes one of the upper limbs is also affected, or there may be slight paralysis of both arms and legs. Much more rarely, one limb alone is affected, or one upper and one lower limb on opposite sides; and sometimes the paralysis is limited to parts supplied by special nerves or branches, especially the ulnar and peroneal nerves. Disturbance of the sensory function is more frequent than of the motor; assuming the form of hyperæsthesia or of anæsthesia, being generally limited in extent, and affecting the lower limbs, especially the feet. Neuralgia without paralysis, motor paralysis of the parts supplied by the cranial nerves, disorders of the optic nerve, and vaso-motor disturbances, are of rare occurrence. The actual pathological condition producing this disorder is not yet known; but Nothnagel is inclined to attribute the paralysis of enteric fever to the same cause as the paralysis following diphtheria, which, according to the researches of Oestel and Buhl, is dependent on diphtheritic infiltration (cell-proliferation) in the sheaths of the nerves and between the fasciculi, as well as among the ganglion-cells of the sensory nerves.—*Brit. Med. Journ.*, July 20, 1872.

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Thoracentesis in Empyema.—M. SEDILLOT, in a discussion on this subject at the Academy of Medicine (June 25th, 1872), showed that the Hippocratic school had perfectly apprehended the indications in empyema, and made, in the therapeutics of this disease, the judicious application of most of the modes of treatment which are advanced, at the present day, as novelties.

He might have said the same of many other therapeutic and surgical measures which are often put forth as new, but which were well known to the fathers of medicine, and their value properly appreciated; but which have been overlooked by their successors, and from time to time are revived by those who have more inventive talents than learning.

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Treatment of Imperforate Anus.—Amongst the operations that may at any moment present themselves to the surgeon, that required for the relief of imperforate anus is one of the most delicate and important, and he should be prepared to meet any difficulties that may present themselves. "We too frequently neglect," says M. Verneuil, "to ask whether the newborn infant has evacuated the urine and meconium; and when it is ascertained that the anus is imperforate, much valuable time has been lost." Thus, he has himself been called upon to operate on the fourth day. He observes that the success of the operation has been made greater in recent times, when, instead of pushing a trocar at hazard in various directions, deliberate dissection has been made. This is particularly requisite where there is no projection of the rectum, or where the inferior extremity of the rectum is altogether absent. A convenient place should be selected, the infant on its belly, with the knees bent and thighs well separated. An incision should then be made from the easily found point of the coccyx, along the median raphé towards the scrotum or vulva. It is important to keep in the middle line, where we find always, as we are taught by embryogeny, in the absence of the rectum, a fibrous band which runs as far as to the membranous region or inferior third of the vagina. This is a valuable guide that must not be lost. When the incision made *layer by layer* is sufficiently deep, then may be perceived, on separating the cut edges of the wound well from each other, and directing a jet of cold water upon them, a small black point not larger than the head of a pin. This is the intestine, and if it be movable it should be drawn towards the skin. It is a fortunate circumstance when this can be done without opening it. More frequently it is only possible to seize the end of the intestine with the hook, and an incision is then made into it. The meconium then flows away, and begins at once to be a source

of trouble; its flow sometimes lasts for a considerable period. It must be watched with patience, and waited for till it has finished, in order to complete the operation, which consists in sewing the rectum securely to the skin, taking care that the opening is free, and that there are no chances of retraction or of infiltration. But it may also happen that a deep incision may be made into the perineum, and nothing may be found. The situation becomes a grave one, for it is necessary to continue the dissection into the true pelvis. The operation is difficult, and the guides to it obscure. Not unfrequently the absence of the rectum exists for a considerable portion of its extent. To keep straight in this course across the pelvis, it is important not to lose the walls, the curvature of the sacrum in particular, which is a valuable guide. It is, nevertheless, attended with much difficulty, and M. Verneuil has suggested a proceeding which materially facilitates it. It consists in giving a cut with the scissors on each side of the coccyx, which can then be drawn back, and at once affords greater space to work in. In one instance M. Verneuil found a cut of a quarter of an inch long on either side sufficient, but in others it is necessary to make the incisions nearly a quarter of an inch. He has thus succeeded in cases where otherwise the operation would have had to be given up, and some other attempted. Once formed, the retraction and contraction of the new anus should be prevented by directing the mother to introduce the point of the little finger into it several times a day. Most of the cases of imperforate anus prove fatal.—*The Practitioner*, Aug. 1872, from *Journal de Médecine et de Chirurgie*, tome xliii. part 2.

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Operation for Harelip; the Cicatricial Contraction prevented by collodionized Strips of Wadding.—A case of harelip was reported in the *Gazette des Hôp.* (June 8), as illustrating M. Broca's employment of collodion. He practises the operation upon infants at the breast, securing union by silver threads, which he removes as soon as possible—the fifth, fourth, and often the third day. He does this not only from fear of threads cutting through the tissues, but because suppurative inflammation set up around them may extend to the edges of the wound and disunite them; several examples of which he has seen. But a three days' cicatrix is not very solid, and cannot be relied on, seeing that the lips are exposed to much traction, especially during the cries of the child. This traction may be much diminished if, after the removal of the wires, a small portion of wadding is wetted with collodion, and spread (bringing the cheeks of the child together at the same time by bilateral pressure) out above the lip, stretching out on each side like a moustache. When the ether has evaporated, not only does this layer of collodion adhere closely, but it retracts, just as collodion does, without the wadding; and the lip is in this way supported and protected from all separation. These collodionized strips of wadding are also of great use in diminishing the size of suppurating wounds and their consecutive cicatrices by reason of the sliding or "mobilization" of the surrounding skin. M. Gosselin applies the same principle also in lesions of the lower eyelid, the cicatrices of which may give rise to ectropion, by exercising repeated pressure on the cheek from below upwards, pushing up the skin towards the eye. It acquires by this kind of shampooing a degree of mobility that may prevent the eversion of the eyelid.—*Med. Times and Gazette*, July 13, 1872.

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Surgical Affections of Adolescents.—M. Gosselin, in a memoir read before the French Academy of Sciences, sought to show the influence exerted by the age of the patient in the choice of the means of treatment.

"For determining this choice," he says, "I offer the following formula for our guidance, viz.: 'The special spontaneous surgical affections of young persons have a tendency to persist, increase, or relapse, as long as the period of adolescence lasts; but these tendencies are lost as soon as adult age is reached.' Thus—1. In *Ingrowing nail* many are the remedies that have been recommended, and yet new ones are always being sought for, because, after

using those hitherto employed, relapse has ensued. Now, most frequently this depends upon the fact that the subject, being still young, retains the special pathological aptitude through which the disease was originally produced. For my part, I have never had occasion to observe relapse after the 25th year, and from this I conclude that, while we should take every care to prevent the return of the disease, we must not expect a definite cure as long as the patient has not reached his 23d or 24th year.

"2. In *valgus douloureux*, which I have also named *tarsalgia*, I have established that the disease depends on a special arthro-osteitis of the tarsus, developing itself as a consequence of the growth of this part of the skeleton; and that the chief indication consists in relieving the pain in walking and the concomitant contraction of the muscles of the leg, and thus preventing termination by muscular retraction, permanent valgus, and anchylosis. The best means for obtaining these results are rest, *inamovible* apparatus, and sometimes tenotomy of the lateral peronei and electricity. But as long as the patient remains young, relapse is not always avoidable. When it does occur we must return to the employment of the same means, and not conclude too hastily that the disease is incurable; for by persevering in the treatment until the subject has attained the adult age we may prevent the consecutive deformity and infirmity which would ensue if the affection were left to itself.

"3. In *acute suppurating osteitis of the epiphysis*, when this has not been intense enough to call for primary amputation to cause death, and when it has terminated by necrosis of long dura commend that consecutiv should not be too readil for in such case terminate and when the pa or 20th yea to suppurati sequency nutrition the epiph

"4. I

ostosis of development, my observati have taught me that the tumour cease grow and be painful when the subject once passed adolescence; and, as its moval is a dangerous operation, I ad temporizing and leaving the affection itself.

"5. In *subungual exostosis of the g toe*—an affection too troublesome and painful to allow of non-interference on part of the surgeon—the relapses wh follow their employment constitute objection to most of the measures have been proposed for its removal. here, as in in-growing nail, I have fo that, although relapse occurred while patient still continued young, it ce when once adult age had been reache

"6. In *large fibrous naso-pharyn polypi*, the dimensions of which do allow of their being treated even in a liative manner without a preliminary operation affording access to their of implantation, this consideration garding age is of primary consequen I reject the excision of the upper jaw cause it endangers life and leaves a m lation of the face without assuring h absolute manner against relapse. I p fer M. Nélaton's procedure—an apert in the velum and arch of the palat contenting myself with palliative op tions by excision and cauterization, t preserving the patient's life until the t when, being of adult age, he will in probability have lost the disposit reproduce the tumour."—*Med. Gazette*, April 20, 1872.

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Dr. TOX BAUER, of

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septum is cut through by bone-forceps, after which the bony parts are carefully sawn, and the right nasal bone is raised from its union with the maxillary. The whole nose can then be turned over on the right cheek, and replaced after the removal of the tumour. Or half only of the nose may be treated in the same way, making the division between the nasal bones, and leaving the septum and the parts on the sound side uninjured. Dr. von Bruns has employed this method in three cases. In one of them it was necessary to keep the nose displaced for three weeks; but at the end of that time, after the edges had been freshened, union rapidly took place. He says that the operation facilitates the removal of tumours and the arrest of hemorrhage, and that it gives the surgeon the opportunity of watching the parts for some time, and of to perform any further operation that may be necessary; and that recovery takes place soon, and without any impairment of function. — *Brit. Med. Journ.*, June, 1872.

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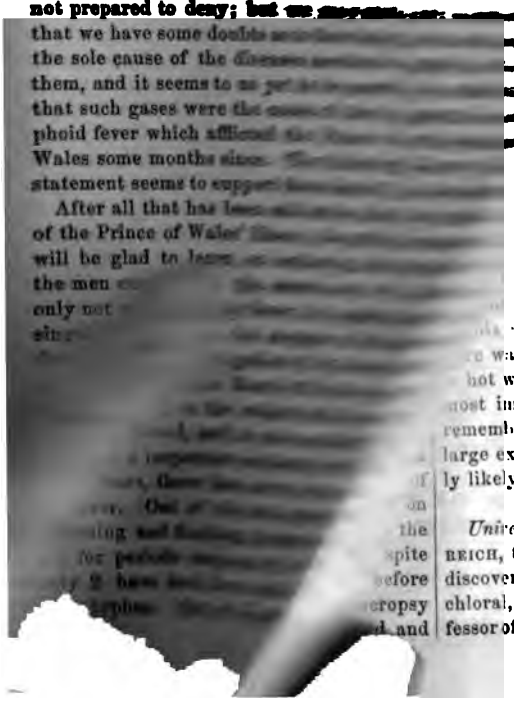
Fever and the Sewers.—[That ... nations are deleterious to health ... not prepared to deny; but ... that we have some doubts ... the sole cause of the ... them, and it seems to us ... that such gases were the ... phoid fever which afflicted ... Wales some months since. ... statement seems to support ...

After all that has been ... of the Prince of Wales ... will be glad to learn ... the men ... only not ... sin...



... in London the ... from 17 to 26 ... weeks, the rate ... ner than in any ..., a result almost ... fatality of diarrhœa, ... week 394 deaths. The ... cause was nearly all ... er five years of age, of ... their first year. In ... towns the deaths regis- ... in the week ending ... 13, in the next fortnight ... essively 226 and 370, and ... 1. In Leicester and Leeds ... is greater than in London, ... ll it is equal, but in all the ... considerably less fatal than ... The Registrar-General refers ... connection to the "importance of ... water to children who drink freely ... hot weather," and no doubt that is a most important matter: but it must be remembered that the mortality is to a large extent among infants, who are hardly likely to drink freely of water.

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University of Berlin.—Dr. O. Liebreich, to whom we are indebted for the discovery of the therapeutic action of chloral, has been appointed ordinary professor of Materia Medica in this institution

great neglect of vaccination and revaccination which has ensued upon the agitation of the so-called "nature-doctors." Until recently epidemics have been very few, and attended with a very slight mortality. During the years (1852–69) that he has been Director of the Municipal Hospital, there have been admitted 663 cases, furnishing only 29 deaths; and during the years 1868 (when the cases increased to 150) and 1869 (when they were 108) the deaths were only 10 and 3 respectively. The deaths almost exclusively occurred among the non-vaccinated; for while the general mortality from the disease was 4¼ per cent., that of the unvaccinated was 33 per cent. It was not until quite the end of 1870 that the epidemic seemed to be taking on large proportions, but from then to February, 1872, 1727 cases have been admitted; and although the number of admissions has gradually diminished since July, 1871, the epidemic can scarcely be regarded as terminated. Of course temporary hospitals (in the form chiefly of sheds) had to be provided, and among other contrivances the erection of a "station" for *suspected cases* proved of great value, as it had done formerly in cholera outbreaks. Many cases were sent to the hospital as smallpox, in which the diagnosis was not confirmed; others, which in the hospital were yet doubtful, were transferred here, so that they might be watched; and they were either discharged or returned to the hospital as the course of the disease indicated.

Of the 1727 patients 139 had not been vaccinated, 22 had already had variola, 1504 had been vaccinated, and of 62 no account could be got. In 79 revaccination had been performed, giving rise to pustules only in 13. The large proportion of the cases occurring in the vaccinated must excite surprise; but in point of fact a small proportion only of the population is unvaccinated; and infants, who constitute the great proportion of cases in the unvaccinated, are only brought to the hospital in direful emergencies. The present epidemic has been remarkable, not only for the number of cases, but for its great fatality. While during the last eighteen years the mortality from smallpox has averaged 4¼ per cent., in this epidemic it has nearly reached (253 deaths in 1727 cases) 14.7 per cent.; and, making allowance for some of the deaths being due to other causes, the fatality has at least tripled itself. Of the 139 unvaccinated there died 99, or 71 per cent.; and of the 62 in whom it was doubtful whether vaccination had been performed, 32, or 51½ per cent., died. Of the 22 persons who had smallpox for the second time, 6, or 23 per cent., died. Of the 1504 vaccinated, 116, or $7\frac{7}{10}$ per cent., died. None of the 13 successfully revaccinated died. As the epidemic diminished, the mortality became not only absolutely but *relatively* less. The observation applies during the whole eighteen years over which this account ranges, that the relative mortality is increased with the number of cases. Thus, with 168 in 1857, it was 5 per cent.; and in 1868, with 150 cases, 6½ per cent.; while in the fifteen other years, during which the cases averaged 22, it was only 3⅔ per cent. In the present epidemic it has reached 14.7 per cent. *Sex* exercised little influence on the mortality, but a very different account is to be given of *age*. Of 116 children under 15 years of age there died 73, or 63 per cent.; while of 1611 persons above that age there died 184, or 11⅓ per cent. The contrast is still more remarkable in unvaccinated infants. Of 29 such under 1 year, 27 died. and of 31 under 2 years, 27 died. This influence diminishes in the third year, when of 15 unvaccinated, only 8 died; and of 23 between 4 and 8 years, only 7 died. The effect of vaccination in early life is strongly brought out by the fact that not a single vaccinated child of 8 years or under was brought to the hospital. The number of unvaccinated children of this age amounted to 100, and of these 69 died.

As still further illustrating the benefits of vaccination, it is stated, that, while, of 11 unvaccinated between 9 and 14 years, 4 died, none of the 20 vaccinated died. Between the years of 15 and 25 there were 11 unvaccinated with 4 deaths, and 801 vaccinated with 23 deaths. Of the 18 unvaccinated above 25 the whole died, while the mortality of the 671 vaccinated

amounted to 14 per cent.—*Med. Times and Gazette*, July 20, 1872.

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Death from the Sting of a Bee.—On the 19th of July, a female, aged fifty-five, was stung by a bee behind the ear. Shortly afterwards she became unconscious, and died before the doctor who was sent for arrived. The brother of the deceased stated at the inquest that she was of a delicate and nervous constitution. In the autumn of 1870 she was stung by a bee, and the consequences were very peculiar. She became unconscious, and remained in that state for two hours. It is well known that many people endure far greater sufferings than others when stung by bees or other insects, and cases in which serious consequences have ensued are recorded. Beck, in his work on Medical Jurisprudence, quotes a case where a sting on the back of the finger was quickly followed by "vomiting, sweating, trembling, and great difficulty of breathing."

Dr. Tanner quotes a case from the *American Journal of the Medical Sciences*, of a man who suffered very seriously in the month of August, 1819, from the single sting of a bee, and who being stung a second time (on the temple) in the following year, died from the effects thereof within ten minutes. Two or three other cases of fatal result are quoted by the same author, but happily such an occurrence is exceedingly rare. The advice given by the coroner, Dr. Diplock, to "give stimulants freely" in such cases, is undoubtedly founded on sound principles, the immediate cause of death being apparently failure of the heart's action.—*Lancet*, July 27, 1872.

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Coup de Soleil.—Several cases of sunstroke were admitted last week into the London hospitals. The only fatal case, so far as we know, occurred at St. George's Hospital. One of the boys belonging to the *Goliah* training ship was struck down just after being reviewed by the Prince of Wales, in the Horticultural Gardens on Thursday week. He was brought to the hospital, and died in a few hours in spite of treatment; his temperature before death exceeded 109°. The necropsy showed nothing but very fluid blood and a somewhat congested brain; the lungs and other organs were healthy. The absence of prodromata is remarkable in these cases. A strong-looking labourer of middle age was admitted also into St. George's Hospital on the 26th. He had been at work all the morning, and became suddenly unconscious just as he was going off to dinner; he declared that he had not been at all inconvenienced by the heat, had taken nothing to drink, and felt perfectly well till the moment of the attack. That "precaution is better than cure" is no doubt a stale and trite proverb; but in this, as in many other instances, it is as true as it is trite.—*Brit. Med. Journ.*, August 3, 1872.

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Effects of the great Heat in England.—In England, as well as in this country, the heat of the summer has been unusually great, and there as here has resulted in increased mortality. In the *Lancet* of August 3d, it is stated that in London the general mortality has risen from 17 to 26 per 1000 in the last five weeks, the rate last week (26) being higher than in any previous week this year, a result almost exclusively due to the fatality of diarrhœa, which caused last week 394 deaths. The mortality from this cause was nearly all among children under five years of age, of whom 324 died in their first year. In the eighteen large towns the deaths registered from diarrhœa in the week ending 6th July were 113, in the next fortnight they were successively 226 and 370, and last week 604. In Leicester and Leeds the fatality is greater than in London, while in Hull it is equal, but in all the other towns considerably less fatal than in London. The Registrar-General refers in this connection to the "importance of pure water to children who drink freely in hot weather," and no doubt that is a most important matter; but it must be remembered that the mortality is to a large extent among infants, who are hardly likely to drink freely of water.

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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on Strangulated Hernia. Delivered at St. Bartholomew's Hospital. By Sir JAMES PAGET, Bart., V.P.R.S., Consulting Surgeon to the Hospital. (Continued from page 143.)

LECTURE II.—In the last lecture, I tried to show how the signs of a hernia supposed to be strangulated may be used for guidance in determining whether its reduction must be achieved by operation, or whether any simpler means for reduction may be used. In this lecture, I will speak of the trials at reduction that may be made, or may not be made, before operating.

For a general rule, let me repeat, your first examination of a patient with a hernia supposed to be strangulated should not be with a design to reduce it at once, but rather with a design to make out what shall be done; what are the chances of reduction without operation; what helps shall be used to obtain it, if it be deemed desirable. Of course you may reduce the hernia, if reduction at once be easy; but do not go on trying if it be difficult. If the case be a bad one, you must first decide whether reduction without operation should be even attempted; and, if the attempt is to be made, what and how much it should be. For this decision, here are some general rules, which I find illustrated by my cases.

In very bad cases—as, for instance, when the patient vomits fecal matter and has peritonitis, or is in collapse, with a small rapid pulse, hiccough, or other such

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extreme signs—there should be no attempt at reduction without operation. The risk of the operation is trivial in comparison with that of returning sloughing or ulcerating intestine into the abdominal cavity.

When the coverings of the hernia are so inflamed as to make it probable that sloughing or suppuration has taken place beneath them, reduction should not be attempted without operation; and, even when they are less inflamed, none but very brief and very gentle efforts should be made, for success is improbable, and failure may be mischievous.

The longer the signs of strangulation have existed, the shorter should be the efforts at reduction; and the more acute the signs are or have been, the more gentle should these efforts be. Only here, do not reckon among the acute signs the intensity of pain in recent or greatly enlarged herniæ; for many of the most intensely painful herniæ are reducible with the help of chloroform, though they may need as much force as in any case justifiable.

The longer and the more numerous and forcible the efforts at reduction made, in any case, before it comes under your care, the briefer and gentler should your own efforts be; if, indeed, you do not at once decide that enough has been done, and that there remains no fair chance of reduction without operation.

If you find that you have to do with a hernia which has been habitually irreducible, and in which you have reason to believe that, without any addition to them, the contents of the sac have become strangulated, you had better operate at once. You are not likely to reduce a protrusion which even before strangulation was irreducible.

Let me now suppose that, observing these rules, a first examination of a strangulated hernia leads to the decision that its reduction without operation is to be attempted: I cannot give a single rule of practice that shall always suffice for the next step after such a decision; but, speaking generally, and of a great majority of cases which come under treatment, it is a safe rule of practice that, after a very warm bath and a few hours' rest in bed—say from three to twelve hours, according to the case—a single attempt at reduction, of reasonable force and length, should be made; that, if this should fail, chloroform or ether should be given; that then, in some cases, but not in all, a second attempt should be made; and that, if this should fail, or if it should not be made, the operation should be performed while the patient is still insensible.

The hot bath should be used in all cases that are not very bad, unless in old and feeble persons, whom it might depress too much. Among these, its place may be supplied by very hot fomentations, or by warm poultices over the hernia and the parts near it; and these must be used as the next best things when a hot bath cannot be had. Helped by rest, all these things are certainly very useful, whether by relieving the tendency to irritable muscular action, or by relieving congestion, or by whatever other means. Especially you may see their utility in hospital patients, who are commonly brought in wretched, chilled, and restless, with their hernia tense and full and very painful, and their abdominal muscles starting into resistance at the least painful pressure. The heat of the bath, and bed, and recumbent rest, may remedy all this; and the hernia may become easily reducible, or may even reduce itself. It is commonly advised to have the bath so hot, and to keep the patient so long in it, that he may be very faint; and during this faintness to attempt the reduction while the patient is still in the bath. I more than doubt the prudence of this advice. It seems to me better to let the patient be simply soothed and relaxed in the bath, then to put him into bed wrapped in warm blankets, lying on his side, on his back, with his knees drawn up, or with his pelvis a little raised, and then, after an hour or two of complete rest, to attempt the reduction. The advantage of this plan is shown in the many cases in which the surgeon gets the credit for reducing a hernia which the house-surgeon has failed to reduce. The house-surgeon tries in the bath, and fails; the surgeon, an hour or two later, succeeds, not, or at least not always, by greater skill, but by reason of the more

favourable condition of the patient after a time of rest and warmth, and of his better position—lying flat, instead of half-sitting as in the bath. This employment of rest and the bath may be helped by opium whenever the hernia is very painful, and the patient too restless to have a chance of natural sleep. A grain of opium may procure the rest necessary for the quietude of the parts, but is less likely to be useful with femoral than with umbilical herniæ, and less likely with these than with inguinal.

In the old, and in others who may have had inactive bowels long before the strangulation, and in whom fecal accumulations or abundant air may be in the large intestine, an enema even of a large quantity of liquid should be used; for the emptying of the large intestine may greatly facilitate the return of the hernia. Purgatives, I believe, had better not be thought of, if there be any marked signs of strangulation. There are no clear indications for determining the cases in which they might possibly be useful; and, if they do no good, they may do grievous harm. I do not doubt that some have gained advantage from purgatives; but in my notes and memory I rather find instances of mischief, and certainly no cases in which there seemed reason to think that the patients were the worse for not taking any sort of purgatives after evidence of strangulation.

After the warm bath and rest—and still speaking of only the majority of cases, for in some there is no time for these things—you may give chloroform or some other anæsthetic, and try to reduce the hernia. How you are to do this, I cannot tell you now; nor what time and force are reasonable to be used. You must imitate what you see done by men of repute, and use the best common sense you can. I can tell you some things that you must not do. You must not go to work as if you were resolvd to reduce the hernia *per fas aut nefas;* you are not to spend an hour or even half an hour about it, or use all your force, or take off your coat and turn up your shirt-sleeves, or kneel on the bed, that you may press with the more weight; you are not to let half a dozen persons try their hands in turn. You are not to do these or the like things, all of which I have known as the sources of dire calamities. You are to be gentle and self-restraining, mindful of the delicacy of some of the structures you are handling, and that you may do them much more harm than would come of the operation which you are trying to avert. These cautions are the more necessary because, when the patient is under chloroform, you have nothing but your own sense and senses to tell you how far you may go without doing harm. The great value of chloroform and ether is that, by abolishing sensation, they put an end to the muscular resistance to reduction which, whether he will or no, the patient makes when hurt by the pressure of his hernia. Hence they are useful in herniæ, in most of which the difficulty of reduction is chiefly due to muscular resistance; in the recent, or in the recently much enlarged; in the inguinal more than in the femoral, and in these more than in the umbilical; in the painful more than in the painless. Chloroform and ether are by so much the most potent helps to the reduction of herniæ, that it may seem as if it would be right to use one of them without waiting for the influence of a warm bath, or recumbency, or any similar means. Sometimes it is right thus to do, especially in herniæ that have only very recently come down and are intensely painful. But more commonly, if there would be danger in waiting for three or four hours, it is because strangulation is so far advanced that the operation ought to be done at once, without any previous attempts at reduction. If there be no such extreme urgency for immediate reduction, there can be nothing but advantage in the use of the bath and the three or four hours' rest in bed; for they may make the hernia reducible, or, even if they fail of this, they may cause changes in it which are beneficial for both the performance of the operation and for the probabilities of recovery after it.

I have been speaking lately of the plans for average or medium cases; and before, of the cases in which no attempt at reduction without operation should be made.

You may ask, Are there any cases in which it is justifiable to wait longer after the warm bath, and rest, and chloroform, and a fair attempt at reduction, have been tried and have failed? I will not venture to say that such a case for waiting cannot happen; but I am clear that your rule, with barely an exception, must be that, when you are satisfied that a hernia is strangulated, and you have failed to reduce it with such helps as I have indicated, you should operate. While the patient is still under chloroform, the operation should be done; and you should prepare for it before giving chloroform. Of course, if you are satisfied that the hernia, though irreducible, is not strangulated, you may wait; but in this case you must watch almost impatiently, for an intestine or omentum that cannot be reduced is very likely soon to become strangulated, and so is one that is inflamed or blocked up in a hernial sac. Still, if no signs of strangulation, especially if no vomiting, should supervene, you may wait from day to day; but if the signs do occur, especially if there arise vomiting, or increase of pain, or increasing rapidity of pulse and breathing, then you must operate at once, and you had better not try again at reduction. The trial is much more likely to do harm than to do good: you had better operate at once. Nothing does more harm to a strangulated or nearly strangulated hernia than the force of an unsuccessful attempt at reduction.

While you are waiting, you may use, in different cases, ice or warm dressings, enemata, aperients, or opiates. I cannot tell you the indications for each of them. I am glad to have had no sufficient experience of waiting to have weighed the several values of these things; glad because I have no doubt that, for every case in which an operation has been avoided by waiting, there have been two cases in which lives have been lost by waiting too long. But there are at least one or two conditions favourable for all cases in which you desire to wait; namely, rest in bed and very sparing food. Nothing should be allowed to disturb the patient's rest, and no handling of the hernia should be permitted. Part of the value of ice and poultices and other like applications is this, that they all keep hands off.

Of other supposed helps I will not speak—of tobacco, and curious postures, and shakings with the legs up and the head down, and cupping-glasses, and other like and unlike things. They are ingenious wrong-doings, more dangerous than the operation which they are intended to avert.

In speaking of herniæ as being reducible, I have had in mind only such as can be completely and certainly reduced. But it is not uncommon to meet with cases of strangulated hernia, in which the reduction is doubtful or partial. As I looked through my cases, I found many of these recorded, in which there was delay in sending patients to the hospital, because surgeons believed that part of the hernia was put back, and hoped that the rest would soon go; and some in which, even in the hospital, there was mischievous delay through the same fallacious hope. It is not easy to say what takes place in these partial or doubtful reductions. Some patients will tell you that the whole never did go back, and that what now seemed to be reduced might only be an additional protrusion. Sometimes, I think, air is pushed back from the intestine, or fluid from the sac; sometimes omentum is put back; sometimes, perhaps, part of the intestine; sometimes nothing—the whole notion of reduction being fallacious. The liability to deception is greater than you would imagine. You may feel a thrill of receding fluid, or a gurgling of air, which you may suppose to be what some describe as the characteristic gurgling (as if anything of the kind were infallibly characteristic), or something slipping back; but all may be fallacious. There is one practical rule for all these cases. If the symptoms of strangulation be not relieved by the supposed reduction; if the vomiting continue, or the pain, or the patient's sense of distress, or any other of the distinctive symptoms, then, without delay, you must operate. A partial reduction of a strangulated hernia, if it be not followed by a complete relief of symptoms, is in nothing better than no reduction.

I may add, that most doubtful reductions are not reductions; and of the partial reductions, none are safe except some of those in which intestine is put back and only omentum remains in the sac.

Be prepared also for cases in which reduction is, or seems, complete, and yet the signs of strangulation are not relieved. In these, a hernia may be returned *en masse*, or pushed into another sac, or between the peritoneum and fascia; or the case may be one of hernia complicated with an internal strangulation, or one of many other conditions so hard to discriminate and deal with, that I can give only one general rule for their management—viz., that if you can feel a lump at or near the hernial ring, as if there were something which may be a strangulated hernia, then you must operate.

To end what I should say respecting the propriety of operating, I ought perhaps to speak of the condition of the patient as affecting the risk of the operation by reason of age and general health and various complications. Among my cases, I find not only many of the fattest and feeblest, but examples of complication with phthisis, acute and chronic bronchitis, aortic constriction, phlebitis, gastric ulcer, diseased bladder, intestinal disorders of various kinds, and internal strangulation. Patients such as these were one would not wound for any trivial good; but, with a strangulated hernia, the peril of doing the operation can hardly ever be so great as the peril of leaving it undone. Old age and feebleness, fatness, intemperance, or unsoundness of whatever kind, may add to the risks of this, as of any other operation; but all these risks must be accepted. A patient must not be allowed to die with a strangulated hernia, if by any means whatever the strangulation can be relieved; and you must not be averted from the operation by any consideration of the number of deaths that follow it. The deaths after the operation may be 50 per cent.; but the deaths due to the operation are not more than 2 or 3 per cent., and even these would probably have been deaths from the hernia if the operation had not been performed. The great proportion of deaths is made up of those in whom the strangulation has done mischief which the operation cannot remedy. It is not unfair to maintain that, speaking generally, the deaths after operations for hernia are only to be counted as failures to save life, while the recoveries are to be counted as lives saved from certainly impending death.—*Brit. Med. J.*

Clinical Lecture on Tracheotomy in Cases of Laryngeal Disease.—By EBIN. WATSON, M.D., Prof. Phys. in Anderson Univ., and Surg. to the Royal Infirmary, Glasgow.

GENTLEMEN: Chronic disease of the larynx is of many kinds and varieties, and of these you have lately had some illustrations in my clinical wards. Most of these cases get better, if properly treated, without operation; but for this end the patient must be perhaps confined to the house, and certainly retained for a long time under medical care. Hence it is likely that a certain proportion of such cases will become worse from various causes, not quite under the control of either doctor or patient. Again, there is a peculiar danger incurred by this class of patients which can never be wholly obviated—namely, the tendency to acute exacerbations of their disease. This tendency, while in a degree common to all chronic diseases, is peculiarly remarkable in the chronic affections of the larynx, and thus the patient may at any time be brought into imminent peril requiring surgical interference.

These remarks have been dictated by two cases which we have just been watching with much interest—the one to an unexpectedly fatal termination, the other to a more favourable issue. I wish now to call your attention to the chief features of these cases, and the more important clinical points connected with the operation performed in both of them.

The first case was that of a man, aged forty-three, recommended to me by a medical gentleman in the country. I saw him in private some time before his admission to the hospital, and prescribed for him; but, as he became worse, he returned to town, by my advice, to have tracheotomy performed. The case was one of long-continued chronic laryngitis

ending in ulceration of the glottis and necrosis of the right border of the thyroid cartilage. There was also some œdema of the aryteno-epiglottidean folds. I showed some of you these lesions by means of the laryngoscope before operating, for they could thus be quite clearly diagnosed. The stethoscope, however, gave very unsatisfactory evidence of the state of parts because of the great noise produced in breathing; but it was evident that the glottis never yielded sufficiently, and that very little air was admitted to the lungs. Yet the percussion was good over the greater part of the chest, and the man's general health was reported to be fair.

I therefore determined to open the trachea as the obstruction to the breathing was at the glottis, and could not be, at this stage of the case, relieved within a considerable period of time. To enable the man to breathe during the period of treatment was thus the primary object of the operation. But it had also another object—viz., to give the parts complete rest. For as in ordinary breathing the glottis is constantly moving, so still more is it agitated in forced or difficult respiration. Hence the continual aggravation of the ulcers on its surface and the frequent excitement of œdema in its neighborhood.

In approaching the operation of tracheotomy you have first to consider the question of giving chloroform. Now, in the case before us the anæsthetic seemed to act very badly. The man fainted and ceased to breathe, and the operation was performed on him while in a state of apparent death, from which he was only rescued by artificial respiration performed through the tubes. The same thing has happened three times in my experience, and it is very alarming; though I am happy to be able to add that all three cases rallied and recovered. It is very strange that two of them occurred to me in this hospital and during the present session, within a few weeks of each other. Other surgeons have met with the same difficulty more or less frequently, and it becomes us very seriously to consider the cause or causes of the occurrence referred to, and whether or not it should prevent us from employing chloroform during tracheotomy.

I remark here, then, that in some, perhaps in many, of these cases the cause of the syncope is neither entirely due to the chloroform nor to the laryngeal disease. And this is proved by the case under discussion; for, when the patient died, a fortnight after the operation, it was discovered that the surfaces of the pericardium were completely adherent. Now you will remember that the man fainted before he became insensible with the chloroform, and that while in the hospital he had another similar faint without chloroform; and, indeed, I believe he died in a third attack, which might not have been fatal had it not happened during the night—for he was found dead in bed. He had not been so well as on the day before: he had been out of bed for the most part of it, and was cheerful and happy. The faints, and finally his death, were caused by the heart disease; and I believe the faint at the time of the operation was but doubtfully connected with the chloroform. Any agitation or excitement might have produced it, or it might have occurred, as the fatal seizure did, without any cause appreciable by us. And so likewise may it be in other cases. I do not mean that adherent pericardium can reasonably be supposed to exist in any considerable number of them; but I do think it not unlikely that causes quite apart from the action of chloroform, or the conditions demanding operative interference, often occasion the difficulty to which I now refer, and that, as most cases recover, these causes are never definitely discovered. I have, indeed, been sometimes tempted to explain this occurrence as caused by the retention of more than the usual quantity of chloroform in the lungs, owing to the partial failure of the expiratory efforts under the anæsthetic influence, combined with the obstruction of the larynx. This is especially likely in cases of so-called œdema glottidis, in which, when the muscles of the tongue are paralyzed, the œdematous folds at its root and at the sides of the epiglottis are allowed to fall down upon and to fill up the glottis. In this

way a more abundant and rapid absorption of the chloroform would be caused, and it might thus affect the heart so as to produce syncope. Of course it may be said that in every administration of chloroform there is some risk of a similar misadventure; but it is undeniably more frequent in cases requiring tracheotomy than in others. Fortunately, however, it is not, after all, very common; for, out of a considerable number of cases, I have only met with it three times; and I think it need never end fatally if you attend to the precautions I am about to mention to you.

In the first place, be on the watch for its occurrence, and be prepared to combat it. Never, if possible, attempt such an operation without at least one reliable surgical assistant being present to help you. In the next place, be not easily dismayed, and do not for a moment think of desisting from opening the windpipe; on the contrary, proceed, as rapidly as may be, with the operation: introduce the tube and make artificial respiration, taking care that in doing so the tube is not jerked out of the trachea. I beg you not to neglect the practice which you saw me pursue—namely, to pull forward and to jerk the tongue frequently during the period of returning animation. Of course this is not done to admit air to the windpipe, for we suppose that the tube is fairly in the trachea; but I believe it acts as a powerful stimulus to the pharyngeal branches of the pneumogastric nerve, which you know is the chief exciter of respiration. Lastly, persevere long in your efforts at restoration, and, as soon as possible, administer a little brandy-and-water. In one of my three cases it was fully a quarter of an hour before the above-mentioned proceedings could be safely desisted from.

The second of the two cases of tracheotomy which you have seen with me this session was likewise sent to me from the country, and was an example of an acute exacerbation of long-continued laryngeal disease. There were no ulcers visible in this case even on careful examination with the laryngoscope, but only very abundant œdema of the aryteno-epiglottidean folds. Some of you will remember that a year ago this patient was treated by me in Ward 26 for the very same state. The means then used were, free incision of the œdematous masses by means of the laryngeal lancet, and the administration of the iodide of potassium, with the application of iodide liniment over the larynx externally. She at that time recovered; but the present attack was more severe, and, taking into consideration the condition of the glottis beneath the œdema, I recommended tracheotomy as a measure indispensably necessary in order to a more thorough treatment of the larynx.

Now, in your surgical text-books there is a good deal written about the choice of the part of the trachea to be opened in such cases—namely, whether it should be above or below the isthmus of the thyroid body. I do not, however, think that this is much attended to, or much deserving of attention, in practice. I believe that the isthmus is often cut through with perfect impunity, and I am sure that it is seldom seen in the performance of the operation. The great rule which I would impress upon you is, after cutting through the skin and superficial fascia (which you ought to do exactly in the median line), to use the edge of the knife as little as possible. Take the back of its point, or even its handle, and thus separate the muscles in front of the trachea, so as to avoid wounding the vessels; and, if, after doing this, you perceive the isthmus, push it up with the blunt end of the scalpel and clear the tracheal rings below it. You may then plunge in a small sharp hook to steady the trachea, and open it the necessary extent to admit the tube. In a few cases you may find the veins very turgid; and they sometimes are torn or cut, and bleed abundantly. It is now pretty well established as a rule in surgery that you ought not to wait for the complete subsidence of this venous hemorrhage before opening the trachea. Yet it is better to do so if you can, and if there is no very urgent call for haste. You will, in such cases, find acupressure needles very useful, for they may be made to include and restrain bleeding from the entire lip of the wound.

The only other point to which I think it necessary at present to refer is the length of time which a patient may require to wear the tube in the trachea. Now this varies greatly—in my own experience, from a few days to several years. Only a few days ago I withdrew a tracheatube from a boy's throat four years after I had introduced it for him. At the time of the operation his case was very similar to the one on which I have just been commenting, being an acute exacerbation of a chronic laryngitis. I saw him with Dr. James Stewart, whose patient he was, and by whom he had been carefully treated for a long time previously. Soon after the operation he became strong and active. He attended school, and latterly, with his father's family, resided out of town. When he was brought to me the other day, I found the tube quite filled with the granulations, and the boy had a very fair voice, which was improved on withdraw ing the tube. I had some difficulty in persuading the parents to allow the wound to heal, but I am sure the tube was no longer necessary.[1]

Other examples of retention of the tube in the trachea for periods nearly as long as in the case just mentioned have come within the range of my own observation, and I never knew any bad results from this cause. Notwithstanding, therefore, a contrary experience in a few exceptional cases, I believe you need not fear to retain a properly made silver tube in the windpipe, even for years, if it is required so long.

The patient on whom I last operated will in all probability require to wear the tube for a long time, because of the nature and previous continuance of her disease; in fact, she must wear it until other measures have had time to effect a cure and enable her to breathe freely though the glottis. The progress of the case will be from time to time ascertained by means of the laryngoscope, which is quite invaluable for all purposes of diagnosis in the larynx, and the use of which is quite indispensable to the right treatment of its diseases. But I cannot in this lecture enter upon the various remedies appropriate to such a case as that before us; I may, however, mention that these must be both local and constitutional, having for their object the complete removal of the œdema and the restoration of the indurated valve of the glottis to its natural mobility. The laryngeal lancet and various kinds of inhalations from the spray apparatus should be first employed, and afterwards the topical application of solutions of nitrate of silver, of different strengths, according to the state of the parts. The chief internal remedy on which I rely in such a case is the iodide of potassium; and sometimes I prescribe a short course of the iodide of mercury, taken at the same time with the other drug. By such means I hope that our patient will in due time be restored to perfect health.—*Lancet*, Aug. 30, 1872.

[1] The wound soon closed up, and the boy remains well.

HOSPITAL NOTES AND GLEANINGS.

On the Use of Plaster Splints in Remedying Displacements in Fractures Irreducible by Other Means.—All surgeons know how difficult it is sometimes to remedy certain cases of oblique fracture of the lower third of the leg, in which the upper fragment projects under the surface. Various apparatus have accordingly been devised for the purpose of preventing this displacement. In France, Malgaigne in such cases used to employ his metallic point, which was fixed into the upper fragment so as to exert a certain degree of pressure, and prevent any fresh displacement. The fixing of the metallic point was attended with some inconvenience; besides, it is a special instrument and not easily procurable. We were therefore struck with the advantages afforded by an ingenious contrivance which we saw Dr. Labbé employ with success a short time ago in his wards at the Hôpital la Pitié.

The patient was a woman aged forty. Whilst in a state of intoxication she had been run over by a gig, and was at once conveyed to the hospital. Fracture of the lower third of the leg was found to have occurred, with very marked displacement of the upper fragment, which projected

under the skin and threatened to tear through. A splint was immediately applied by one of the house-surgeons.

As the woman was labouring under delirium tremens, it was found necessary to use the strait-waistcoat, and strong doses of opium were administered. However, in consequence of the restlessness of the patient, the upper fragment of the tibia projected more and more under the skin, so that it became necessary to use some means to prevent its issue through the surface. Accordingly the apparatus was modified, and a cushion placed under the heel, but to no effect, and there was imminent danger of the fragment lacerating the skin. It was at this time that Dr. Labbé first saw the case, and with the view of definitely remedying the displacement and preventing deformity, he applied a plaster splint in the following manner: Reduction was first performed with the greatest care. As soon as this was completely effected the plaster splint was applied so as to cover the sole of the foot, the heel, and the whole of the posterior surface of the leg. The assistants were then requested to continue extension, counter-extension, and perfect apposition of the fragments, until the plaster had become hard. At the end of half an hour the apparatus was sufficiently solid. From that moment all anxiety about a breach of surface ceased, and, notwithstanding the disorderly movements of the patient, which continued two days longer, consolidation took place so perfectly that it was quite impossible to make out the seat of the fracture.—*Lancet*, Aug. 3, 1872.

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Cases under the Care of Sir Henry Thompson *at University College Hospital:*—

Pain after the Use of the Lithotrite.—Persistent pain after a series of crushings may be due either to soreness of the vesical mucous membrane or to the irritating presence of a remaining fragment. Sir Henry Thompson pointed out, in reference to the following case, that it is important in any given instance to ascertain, once for all, which of these conditions exists; inasmuch as a fragment, if there be one, must be removed without delay; while, if the pain arise from soreness of the mucous membrane, every additional introduction of an instrument is calculated to increase the mischief. Inquiry should be made as to the frequency with which the patient micturates, and as to the occurrence of pain after micturition, and its situation. If any doubt remain, a final and careful instrumental examination should be made; and for this purpose it is desirable that the bladder should not contain much urine. In the case in point the patient had undergone five crushings for the removal of a uric acid stone; he complained of persistent pain in the bladder, with pain in the glands at the end of micturition. Having made a general examination of the interior of the bladder with a sound, Sir Henry Thompson introduced a lithotrite, and, having depressed the handle, carefully explored the region behind the prostate with the slightly separated blades turned downwards. These came into contact with no solid substance, and were brough together without any sense of resistance. On the withdrawal of the lithotrite a very small quantity of powdery matter was found between them. The patient was directed to take a mixture containing liquor potassæ and tincture of henbane, each in the proportion of half a drachm to the dose, and to use a hot hip-bath; and, as a specimen of his urine presented a light deposit consisting chiefly of mucus, the house-surgeon was requested to ascertain whether the bladder was completely emptied by the natural effort.

Painful Ulcer following Ligature of Internal Piles.—Another patient had undergone ligature of some internal piles, and had passed the usual period of convalescence. He complained, however, that the passage of every motion gave rise to agonizing pain at the fundament, and to a long-continued heavy pain in the lower lumbar region. On examination there was found at the spot where one of the ligatures had come away a rough ulcerated surface. So painful was it, that pressure on the corresponding surface of the buttock, about an inch and a half from the anus, could scarcely be

borne. An incision was made through the ulcer as for fissure of the anus.

Urethral Fever.—There occur from time to time cases in which the passage of an instrument into the bladder is followed by exceptionally severe constitutional symptoms. One remarkable case of the kind was lately under Sir Henry Thompson's care. The patient was admitted with a urethral stricture which was first overcome with a small instrument which was tied in the bladder. During the succeeding fourteen days, instruments of gradually increasing size were introduced and tied in; the urethra having then recovered its normal dimensions, Sir Henry undertook to teach the patient to pass a catheter for himself prior to his discharge. He gave the first lesson by himself guiding the patient's hand. Rigors, vomiting, and severe febrile symptoms followed this procedure; the urine became tainted with pus, the intelligence clouded, and the patient's look fixed and stolid; he could keep nothing on his stomach but a little milk and soda-water. When we saw him on the fourteenth day after the occurrence of this complication, his symptoms indicated only a very slight improvement. In speaking of this and other less severe cases, Sir Henry first drew attention to the absolute immunity from similar complications which is enjoyed by women. He pointed out that the male urethra is some six inches longer than that of the female, and attributed to that additional extent of surface the greater irritability and liability to a special form of constitutional disturbance which men display in an affection which always presents three stages: cold, dry heat, and moist heat. Frequent examples are afforded of patients who undergo the introduction of an instrument with apparent impunity, but on their way home a chill is felt, which, with the succeeding symptoms, are attributed to a cold. This complication, Sir Henry said, occurs in various degrees of severity, but seldom does it happen to be so severe as to endanger life, as in the case under observation.

Operation for Recto-vesical Fistula.—To another patient the galvanic cautery was applied to a recto-vesical fistula which had followed an operation for stone performed fourteen years ago. The cautery is applied periodically, and each time its use is followed by improvement. Before the last operation, the patient passed water by the natural passage, but a small quantity escaped into the rectum when he walked.

In the Out-patient Department we saw one or two cases of chronic orchitis and painful enlargement of the epididymis, following gonorrhœa; the patients were directed to keep the scrotum enveloped in a piece of lint covered with an ointment of the following composition:—Half a drachm each of strong mercurial ointment and iodide of potassium ointment to two ounces of simple ointment. Sir Henry advised them to further dilute the preparation with lard, if they should suffer inconvenience from its use. Special injunctions were also given that the part should be well suspended by means of a handkerchief attached before and behind to a girdle of some kind.—*Lancet*, Aug. 31, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Treatment of Fever by Withdrawal of Heat.—By F. Peyre Porcher, M.D., Prof. of Clinical Medicine in the Medical College of the State of South Carolina.

The article on hyperpyrexia treated by withdrawal of heat, published in the No. of this journal for August last, page 128, brief as it is, is, I think, highly important, as it embodies the method and expresses concisely the principles upon which many of us have heretofore treated and will treat several classes of disease, viz., by the mere *physical abstraction of heat*. If this process is not by itself curative, it tends materially to assist in the cure of several diseased conditions which are accompanied by high temperature.

I invite attention to it on account of its intrinsic merits, and because in the section of my paper in the *Transactions of the S. C. Medical Association*, 1871, on Yellow Fever, in the more detailed sketch of the

treatment of the disease in the *Proceedings* of the same association for 1872 just printed, in papers published in the *Charleston Medical Journal* as long ago as March, 1859, and in a communication on "Gastric Remittent Fever," I laid special stress upon the importance of *the reduction of temperature* in their management. It is indifferent whether this is accomplished by the use of purgatives, mercurial or saline, by quinia, or by the application of cold water, severally or conjointly.

The combustion and consequent destructive tissue changes in some fevers have their origin in gastro-intestinal, hepatic, or other inflammations or irritations of mucous membrane, as in gastro-enteric remittent, in typhoid fever, in hepatitis, etc. Even in these, as well as in others in which there are also real organic lesions, the reduction of temperature by the several means used is beneficial. In yellow fever the force of the disease, the poisoning which gives rise to it, is not seated, I believe, in these tissues or organs, but rather *in the blood* itself. Hence in this disease reduction of temperature has a peculiarly important influence for good. Ice cold water, with other agents, if assiduously and efficiently applied, in time, has much to do with keeping down the high temperature, lessening the combustion, contracting capillaries, arresting tissue changes, and preventing all the dangerous symptoms, such as irritability of the stomach, black vomit, engorgement of the kidneys, albuminuria and arrest of the urinary secretion, coma, and convulsions, which are owing to the altered condition of the blood caused by the high temperature attendant upon excessive fever. I had said (in one of the articles referred to) that "the danger arises from the persistence of a fever of too great intensity, accompanied with a high combustion, and which, if unchecked, leads to all the fatal consequences—to coma, to delirium, to decomposition of blood, to black vomit, hemorrhages, etc. Arrest or diminish the fever and you prevent all these results."

So that in the reduction of "hyperpyrexia" we have a special and separate means, worthy the attention of all physicians, for the arrest and cure of certain morbid states. The same applies in explanation of the use of cold water and irrigation in surgical cases. The method and the application of the means recommended are quite old and have been long used; I only take this occasion to encourage a more systematic resort to them for the reasons given.

The channels in which certain forms of treatment run are often suddenly and greatly deepened by occasionally formularizing and enforcing the reasons for which they have been constructed and used. To do this in the present instance would, I think, be attended with great benefit to physicians and to mankind.

I believe that baths, partial or complete, are useful; but that the most practical and efficient mode of reducing temperature, because more easy of application, is by the assiduous use of cloths dipped in ice cold water applied for from fifteen to twenty minutes to the head and to the palms of the hands, discontinued and repeated at appropriate intervals. This, with the other agencies referred to above, will reduce the intensity and keep in subjection almost any form of fever, as I have observed from repeated experiments.

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Rapid Death from Stings of Bees.—By J. O. SANDERS, M.D., of Carrollton, Mississippi.

April 18th I was called to a plantation two miles distant to see a patient stung by bees. Mr. S., an intelligent man, gave the following account. Louis ——, a negro, aged about 45, climbed a tree where bees had swarmed on a limb, for the purpose of hiving them, carrying with him a saw. As soon as the limb commenced falling, the bees arose *en masse* and covered his head and face. He descended immediately, and, as soon as he reached the ground, commenced running as fast as he could; ran around three sides of a yard, some two hundred steps, passed through an open gate and fell to the ground. Mr. S. ran to him with a bottle of spts. camphor, and succeeded in forcing him to take one swallow, the patient protesting at the time against assistance, declaring that he

would certainly die. After two or three irregular and partial respirations he expired. Mr. S. thinks it could not have been more than five minutes from the time he was attacked by the bees before he breathed his last. When I arrived, about an hour and a quarter after the accident, I could, on careful examination, find no signs of life. He was a vigorous, muscular man, and in perfect health, so far as I can learn. Was death due, in this case, to direct nervous shock, or to absorption of virus, or both?

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Apparent Death.—Dr. W. H. LATHROP, Prof. of Diseases of the Brain and Mind in Detroit Medical College (*Detroit Review of Medicine and Pharmacy*), in his paper on "Apparent Death," reports one of the most remarkable and best authenticated cases of trance on record, that of William (afterwards Rev. Dr.) Tennent. While studying theology at Princeton, N. J., he had a fit of catalepsy, being in a very weak state from close application to books, without proper attention to physical exercise. After a short illness, he was regarded as dead, and the day was fixed for the funeral. His physician, however, believed him to be alive, and succeeded in having the funeral postponed from day to day for three days. The brother of Mr. Tennent then insisted that it was folly to suppose that he could be alive, and ordered that at a certain hour the burial service should occur. When the appointed time arrived, and the company were assembled, the doctor stood over his patient and asked for still another hour. At the end of that time the patient suddenly uttered a groan, and soon after gave other signs of life. His recovery was slow, and at first was attended with a loss of memory. He commenced anew the study of Latin with as much difficulty as if he had had no previous acquaintance with the language. After a considerable time his memory suddenly returned. This case is fully authenticated. The witnesses were educated persons, and all the particulars have been carefully described. Such cases, therefore, are *possible*, though extremely rare.

In conclusion, Dr. L. observes: 1st. That trance is extremely rare; 2d. That apparent life in those really dead is much more common; 3d. That in doubtful cases we should wait for the appearance of decomposition before allowing the burial to take place.

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Yearly Statistics of the New York Board of Health.—Dr. CHAS. P. RUSSEL, Chief of Records of Vital Statistics, in his annual report says: The death-rate for the year was 28.6 per 1000 of the population, a higher rate than can be found in any other city of importance throughout the States, with few exceptions. The total number of deaths caused by zymotic diseases during the year amounted to 8364. Smallpox carried off 805 persons. During 1871, 70 persons, 27 men and 43 women, died at an age exceeding 90 years. Of the total number of deaths, 1071 were due to accidents, 112 to burns and scalds, 15 to kerosene explosions (all women or young girls), 187 to drowning, 395 to fractures, 45 to suffocation, 14 to accidental poisoning, 82 to the Westfield disaster, 93 to steam and street railroad cars, 54 to the July riot, of whom 27 were Irish, 15 Americans, 4 Germans, 3 English, 1 Scotch, 1 Australian and 1 Canadian.—There were 65 murders during the year, but only one murderer, a coloured man, was hanged. There were 114 suicides, of whom the greater part were Germans.—*Medical Record*, Aug. 1, 1872.

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Condurango. — The newspapers announce the death from *cancer*, on the 11th of August last, at South Bend, Indiana, of Mrs. Mathews, the mother of Vice-President Colfax, whose cure by condurango was so triumphantly announced some time since. The result of this case is a sufficient commentary on the value of this greatly vaunted remedy, and will put an end, we trust, to the disgraceful commercial speculation in this drug.

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Health Resorts at the South.—The *Boston Medical and Surgical Journal* for July 11 last contains an interesting article on this subject by Dr. WM. W. MORLAND. The author speaks very favourably of Montmorenci, about four miles from Ai-

ken, S. C., which he regards as a most admirable site for a *sanitarium*.

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Mortality in Philadelphia.—The mortality in Philadelphia is reduced to nearly the ordinary average. The number of deaths during the week ending Sept. 2 was 277, of which 13 were from cholera infantum, and 1 from smallpox. The epidemic of the latter may now be considered as having ceased.

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Medical College of the State of South Carolina.—In the announcement of the session of 1872–73, it is stated that the forty-fourth course of lectures in this institution will commence on the 15th of October and terminate on the 15th of March, thus extending the term one month. This is a step in the right direction, though it does not go far enough, and shows that the public sentiment of the profession is having its influence with the medical schools. The present advanced state of our science and the new field opened for cultivation demand not only a lengthening of the courses of instruction, but also greater facilities for clinical instruction, the appointment of teachers on special subjects, and the institution of laboratories affording conveniences for experimental investigations. To assert that our present system of education is entirely sufficient because some few educated by it have arrived at distinction, is as absurd as to maintain that all education is needless, inasmuch as Hugh Miller, a wholly uneducated laborer in a quarry, attained to high scientific eminence.

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Obituary Notices.—Died in this city, on the 19th of August, at the mature age of 77 years, Dr. John Bell. Dr. B. is well known as a voluminous contributor to medical literature. He is the author of a work on "Baths and Mineral Waters," which has gone through several editions; he edited, with additions, "Stokes' Lectures on the Practice of Physic," "Combe's Treatise on the Physical and Moral Management of Infancy," etc. etc., and contributed very many papers to different periodicals and reports to societies. He lectured for several years in the Philadelphia Medical Institute, and occupied for one session the chair of Theory and Practice of Medicine in the Ohio Medical College. For several years his health had been declining, and incapacitated him from active professional duties.

—— August 15, 1872, in the 62d year of his age, Mifflin Wistar, M.D. Dr. W. was a son of the late eminent professor of anatomy in the University of Pennsylvania, and though he received a thorough medical education, and doubtless would have achieved great professional distinction, yet having inherited a competency he never engaged in practice. He was a high-minded, honourable, refined and modest gentleman, who, though not much known in public life, was greatly endeared to a select circle of friends by his generosity, unselfishness, and thoughtful consideration for the welfare of others.

FOREIGN INTELLIGENCE.

Hypodermic Injections of Quinia.—The salts of quinia, and especially the hydrochlorate, says Dr. Otto, are not sufficiently soluble to be commonly employed in subcutaneous injections, and the surgeon can neither be sure of the dose required, nor of the rapidity of their action. He recommends the use of pure quinia dissolved in ether; this solution is much less irritating than either the acid or alcoholic solutions. Quinia dissolves in ether in sufficient quantity to produce a prompt action, and to permit a considerable dose to be injected. The quinia should be dissolved in the ether, which should then be filtered and allowed to evaporate to some extent, so that a more concentrated solution may be obtained. The solution he uses contains, in about half a drachm, five grains of sulphate of quinia. Dr. Otto has never observed any local inflammation caused by the injection of this solution, and he has injected as much as five grains of the quinia at one time without finding any other inconveniences than those which ordinarily accompany large doses of quinia, such as buzzing in the ears. The injection of this quantity

rapidly produces a depression of the temperature of the body amounting to 1° C. Hypodermic injections of quinia are particularly suitable to cases of puerperal fever, and those of purulent infection; but they may also be employed with advantage in cases of intermittent fever.—*Practitioner*, Sept. 1872, from *Le Mouvement Médical*, June, 1872.

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Rapid Control of Epistaxis.—Dr. MARIN, of Geneva, considering that in this accident the blood comes usually from one nostril only, and mostly from the anterior third of the latter, has tried to compress the facial artery on the superior maxillary bone, close to the ala nasi. The efflux of blood into the cavities of the nose is thus stemmed, and the epistaxis soon stops. M. Marin says that he has thus relieved many persons in the street, on board steamboats, in railroad carriages, and even at the theatre.—*Lancet*, July 20, 1872.

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Treatment of Snake-bite by the Injection of Ammonia.—Mr. T. H. WEBB, resident surgeon of the Creswick Hospital, writes to the *Australian Medical Journal* touching the treatment of snake-bite by the injection of ammonia into the veins, and he makes the following startling remarks on the careless use of the hypodermic syringe: "The enormous ulcers this caustic creates, the way it burrows, destroying the cellular tissue wherever it touches it, is something incredible. Twice in as many years have I had to ligature the brachial, above and below, for sloughing into the artery, and in both cases have the patients nearly lost their arms from gangrene, and their lives from hemorrhage." He gives the case of a man who had been "hypodermically injected with ammonia; as might naturally be expected, wherever the caustic has entered, an ulcer remains. And such ulcers! One could almost pursue a course of muscular anatomy on his feet, legs, and thighs, whilst at the bend of the elbow the deepness and extent of the slough have compelled him to constrict his brachial. He may well say, 'The evils that it hath pleased Heaven to affect me with I could have borne, but the evils *plus* their remedies—impossible.'" "I declare most emphatically," continues Mr. Webb, "that, instead of the venous injection being a little operation, which anyone can on an emergency perform, it is one that none but a surgeon should attempt, and yet I have several times seen hypodermic syringes in the possession of laymen, kept for the purpose, though how they were going to use them Heaven only knows."—*Lancet*, Aug. 24, 1872.

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Tracheotomy.—M. E. DUDON, of the Hôpital St. André, Bordeaux, has just published the account of twelve cases of tracheotomy which he performed, and in six of which cure was effected. From the careful study of his twelve cases M. Dudon draws a moral which has so often been pointed out, especially by French surgeons, but which cannot be too often repeated—namely, the necessity of not waiting too long before opening. M. Dudon is convinced that had he been able to operate sooner, some of the unsuccessful cases would have ended favourably. The less the false membranes have extended to the trachea and bronchi the better respiration is restored; the less asphyxia is marked and the blood altered, the more the strength of the child will be preserved to resist the disease. "Considering," says the author, "tracheotomy to be in itself a benign operation, when viewed independently of the morbid causes which may necessitate it; convinced that if regularly performed upon healthy children it would scarcely ever occasion death; persuaded, as I am, that it is advantageous for children affected with croup to be operated on at an early stage of the disease, before the malady and asphyxia have made any great progress; and backed by the results of my twelve cases, I believe I am justified in saying that tracheotomy is an operation which, to produce all the good results which are expected from it, must be practised early—I mean as soon as the larynx is invaded by the false membranes and medical means have failed. It may well be compared with the operation for strangulated hernia, which, when performed at the beginning of strangulation, after taxis under the influence of chloroform has proved

unsuccessful, affords much more favourable results than when ulceration or gangrene of the intestine and the development of peritonitis have been allowed to take place."—*Lancet*, July 20, 1872.

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Thoracentesis in Infantile Pleurisy.—In the course of the discussion still going on at the Paris Academy of Medicine on empyema, Dr. ROGER, physician to the Hôpital des Enfants, had occasion to relate the results of his vast personal experience of empyema in children. Referring especially to the question of thoracentesis, and basing his opinion upon a great number of facts which he related, Dr. Roger thus tersely summed up his conclusions: Operate *always* in cases of *purulent* pleurisy in children; operate *rarely* in cases of abundant serous effusions; *never* operate in cases of slight effusion.—*Lancet*, Aug. 10, 1872, from *Bull. de l'Acad. de Méd.*

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Skin Grafts.—M. OLLIER, of Lyons, considers that the connective tissue, and not the epidermis, is the active agent in the graft, and objects to sowing a number of small epidermic grafts. He cuts them from six to eight centimetres in length, and they succeed very well; but it is inconvenient to procure such large grafts. He freezes the skin before cutting it away, and finds that it still answers well, notwithstanding this assault upon its vitality. This is a veritable autoplasty, and the healed surface has a more persistent vitality than ordinary cicatrices.—*Brit. Med. Journ.*, April 27, 1872.

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M. Ollier's Occlusive Dressing.—In the last two numbers of the *Lyon Médical*, M. PONCET brings forward some new illustrations of the great advantage attending the employment of M. Alphonse Guérin's mode of dressing wounds with cotton, and associated, as recommended by M. Ollier (*Medical Times and Gazette*, May 11, p. 547), with the silicate bandage, so as to constitute what the latter surgeon terms *occlusion inamovible*. The object of these papers is, however, not to set forth the general advantages of this plan, which have now been made pretty widely known, but to show its great utility in warding off those hospital complications which have so often excited terrible effects—pyæmia, erysipelas, and hospital gangrene. During the last *semester* more than 100 of the *bandages ouatés-silicatés* have been applied in M. Ollier's ward (containing 100 patients) to every wounded surface, and not one of these patients has succumbed to pyæmia or been attacked by erysipelas. The bandage in these cases has been kept on for a week or fortnight, and sometimes three or more weeks; all accidents from such retention being guarded against by paying attention to the pulse, temperature and feelings of the patients. The bandage has had to be removed wholly or in part in a few cases, on account of the imperfect way in which it had been applied. In all cases, wherever possible, such removal has not been performed in the ward where the other patients were; the wound being also kept exposed for the shortest possible time; and the quite new, fine cotton taken only from the parcel as wanted. The portion of this brought in immediate contact with the wound has usually been impregnated with carbolic acid or alcohol. In this mode of dressing the minutest details must be observed, and the great object of exclusion of air can only be attained by the superposition of several thick layers of cotton, which must reach very far beyond the surface of the wound. Thus, after an amputation of the leg, it does not suffice to cover the stump with the silicated bandage, but this must also comprise the thigh and the trunk. Without such precautions it becomes a bad mode of dressing, retaining pus which has undergone change from action of the air in contact with the wound. Before the bandage is applied, as many arteries as possible should be secured, and for this purpose the wound should be left exposed for fifteen or twenty minutes.

M. Poncet gives various details concerning the chief classes of wounds which were treated during this period; and he observes that, if these cases were to be taken as conclusive, this procedure might be pronounced as an absolute preservative against these complications. No cases of pyæmia, erysipelas, or hospital

gangrene were observed in cases so protected, although the last two affections prevailed in the ward. However, he wishes for no exaggeration upon the subject, and observes that, while failure will occur wherever the bandage is imperfectly applied, even when its adaptation is perfect we only place the wound in the very best condition for healing by preventing complications from without. Its healing, however, of course depends also upon other circumstances. It is a means especially adapted for hospital practice, and is not required in cases treated in localities where the air is not likely to be contaminated. The cases M. Poncet relates were also treated in winter; but in summer the dressing may have to be renewed every five or six, instead of every fifteen or twenty days.—*Med. Times and Gaz.*, Aug. 8, 1872.

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Protective Power of Vaccination.—The enemies of vaccination may ponder with advantage over the following facts and figures laid before the British Medical Association at its late meeting, by the Rev. SAMUEL HAUGHTON, M.D., D.C.L :—

"When I come to England, I am astonished to find intelligent persons in numbers who, for some reason, come forward publicly to oppose the process of vaccination. Some of these people express a strong doubt—an honest doubt—whether the mortality from smallpox is really as fearful as the doctors say. To get a proper basis of calculations as to the mortality from smallpox among unvaccinated persons, we must go back to the records of past generations in this and other countries; and we find this astonishing result, that from 60 to 70 in every 100 persons attacked by smallpox must die if not vaccinated. Some people have the idea that this is a bugaboo of the doctors, and that they need not necessarily die if not vaccinated. Of course it is impossible now to get the experience of an immense number of persons who have not been vaccinated, to give them the smallpox, and see how many would die. This experiment could not be easily carried out. Therefore I adopted another method. I took it for granted that the writers and records of the close of the last century were correct. The average which they gave was that 66 per cent. of every class—men, women, and children—must die if they had got the smallpox and were not vaccinated; whereas, of those who were attacked after being well vaccinated, the number of deaths was only 6.6 per cent. This reduction of the mortality from 66 to between 6 and 7 per cent. represents what vaccination has done. The value of vaccination is, therefore, established beyond the possibility of a doubt, and I think that this is a subject on which the medical profession should speak out. Should not Birmingham, with her literary men and newspapers, lead the public on this great question? I wrote to my friend Dr. Hayden, of the Mater Misericordiæ Hospital in Dublin, to send me the total number of smallpox cases treated there, and of the deaths; and I undertook, from these figures, to calculate the number of those who were vaccinated and those who were not. This forms a very simple problem in mathematics, of which I will not trouble you with more than the results attained. From the figures sent me I calculated, though I had never seen a patient, that 120 of the cases treated at the hospital had not been vaccinated. I wrote to tell Dr. Hayden this, and he wrote back to say that the number recorded as known to be unvaccinated was 119. Since I have come to Birmingham, Mr. Woolley has kindly placed at my disposal all the information he possessed, and I hereby beg to tender him my warmest thanks for his courtesy. Although Birmingham has suffered what I cannot but regard as a most contemptible epidemic, the facts are strikingly illustrative of what, to my mind, is the truth of the principle which I am placing before you. Since the 18th November, 1871, there have been 1911 cases of smallpox, of which 262 have died. I leave out the cases remaining under treatment. I calculated from those figures that 280 persons in Birmingham who had been attacked with the disease had never been vaccinated. I found in Mr. Woolley's returns that the certainly non-vaccinated were 209, while doubtful cases numbered 44. Well, it was fair in such

a case to split the difference and call it 22, and, as that suited my theory very well, I adopted it; and when I added them to the 209 it made 231, which was only one above my calculation. It is like the trick of a conjurer, walking into the town, asking the number of smallpox cases and deaths, never having seen the patients, and yet telling the people of the town how many were vaccinated and how many were not. Dr. Trench tells me that 1616 cases were treated in the Liverpool hospitals; the deaths were 375; from that I calculated that the non-vaccinated cases numbered 451. The number actually recorded as non-vaccinated was 482, being 19 less; but I am perfectly certain that to those should be added several of those properly set down in the reports as doubtful. This opens up a problem highly interesting to the profession of medicine. As the mathematician in his closet can direct the astronomer in what part of the heavens and when to look for certain planets, so the progress of science and medicine can tell with certainty when and where certain districts will be attacked with epidemics. The records of the fearful epidemics and the plagues of the middle ages have perished; the poor have perished with no man to regard them. Even the writings of Defoe may be searched in vain for any statistics of the great plague which would satisfy the demands of modern medical science. But, by examining into the records of our own times, we shall be able to read back the history of the epidemics of the past, the number and percentages of the mortality of those who suffered, who lie forgotten in their graves, and whose history no one has recorded."—*Brit. Med. Journ.*, Aug. 17, 1872.

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Feeding by the Rectum.—The feeding of patients by nutritive enemata in cases of stricture of the œsophagus or pylorus, or whenever the upper part of the digestive tube must be relieved of its functions, has hitherto been anything but a satisfactory proceeding. The ordinary fluid food which is generally used for that purpose is either not retained long enough in the rectum, or cannot be digested there for want of a digestive ferment. Even the proposal of Meissner, to use an artificially prepared meat-peptone, has not always been found practicable, and the long time necessary for its preparation makes it quite unsuitable for daily practice. A decided step in advance has recently been made by Dr. W. O. Leube, of Erlangen (*Deutsches Archiv für Klin. Medic*, vol. x.). Starting from the idea that it would be best to let the digestive changes which must necessarily precede absorption go on in the rectum itself, with its equable temperature, he devised a mixture of food and digestive ferment which, he found, is easily retained in the rectum from twelve to thirty-six hours. The digestive ferment is the fresh pancreas of the ox or pig, which, finely minced, he mixed with scraped meat, rubbing them well together with a little warm water, so that the mass may be easily injected. The most suitable proportion is one part of pancreas to three of meat. Fat may be added, but its quantity ought not to exceed one-sixth of that of the meat. Before this food is injected, the rectum ought to be washed out with water. Dr. Leube mentions that the first enemata sometimes apparently remain undigested, but that this must not prevent their being continued. Generally the feces resulting when this food has been retained sufficiently long have the character of ordinary fecal matter. By a series of experiments, Dr. Leube has proved that by this method of feeding *per rectum* a considerable quantity of nitrogen is taken up into the system. In a dog, which for several days had been deprived of nitrogenous food, and whose system, therefore, was in a state of nitrogen-hunger, an increase in the nitrogen-elimination by the kidneys took place when these nutritive enemata were given; and, on the other hand, in several experiments on a dog, and likewise on a healthy young man whose system was in a state of satiation with regard to nitrogen, the quantity of nitrogen excreted through the kidneys was not materially diminished when most of the nitrogenous food was introduced by the rectum instead of the stomach. A chemical examination of the feces remaining when the food had been

retained long enough showed that almost the entire quantity of nitrogen contained in the food had disappeared. The same was found with regard to fat; and in a dog that was killed on the second day of the experiment, the epithelial cells of the mucous membrane of the colon were found filled with fat globules. Dr. Leube also relates three cases of patients in whom this method of feeding had been used, and has completely answered the expectations which had been formed from his experiments. Of particular interest is the last case, in which, in consequence of tincture of iodine having been accidentally swallowed, no food whatever could be taken by the stomach, and the feeding by the rectum had to be continued for more than four weeks. In all three cases the general condition of the patients was much improved, although the nature of the cases precluded any but temporary benefit, two of the patients suffering from carcinoma.—*Brit. Med. Journ.*, July 6, 1872.

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Dry Gangrene following the use of Carbolic Acid.—M. PONCET, an *interne* of the Lyons Hospitals, records in the *Bulletin de Thérapeutique* (July 30th) a case which he considers rightly to convey a caution against the rash use of carbolic acid by non-professional persons. A girl, aged 18, had her forefinger injured by a splinter of wood, which penetrated under the nail. The end of the finger was dipped in a bottle of solution of carbolic acid, and a compress soaked in the acid was applied. The next day the part had a grayish colour and was insensible, and when M. Ollier first saw her, a week afterwards, mortification had extended as far as the upper third of the second phalanx, and a line of demarcation was being formed. The finger assumed a mummified appearance, and separated on the thirty-fifth day. This occurrence suggested to M. Ollier the possibility of amputating fingers and toes by means of the application of carbolic acid, and experiments were accordingly made by M. Viennois on rabbits and fowls. The results showed that the application of carbolic acid was liable to be followed by toxic symptoms, but that these might be prevented by the application of a ligature. M. Ollier endeavoured to put the plan into execution in a case of disease of the great toe, by plunging it for some minutes in a concentrated solution of carbolic acid; the thickness of the epidermis, however, prevented mortification from being produced. M. Poncet records also the case of a man, aged 28, who, having wounded the end of one of his fingers, applied for ten days charpie impregnated with carbolic acid, and afterwards poultices. When he applied to M. Ollier, two months after the accident, the terminal phalanx was in a state of dry gangrene, and was removed a few days afterwards.—*Brit. Med. Journ.*, Aug. 31, 1872.

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Sudden Obliteration of the Central Artery of the Retina.—In one of the recent numbers of the *Archives de Phys.* Dr. SICHEL records a very interesting case of the above lesion. The patient, aged 54, had been suffering for a long time from insufficient action of the auriculo-ventricular valves, when, after a sharp attack, she became completely blind in the right eye. Examination with the ophthalmoscope showed various small hemorrhagic spots scattered over the fundus of the right eye, and a large hemorrhagic patch in the left. The right, which at first did not permit the patient to distinguish light from darkness, improved after a few days, and then again got worse. Examination of the eye at various intervals showed a commencing atrophy of the optic nerve, and then the conversion of the artery into a whitish and opaque cord. Eighteen months after the outset of the disease the patient died, and Dr. Sichel, on examining the eye, observed an obliteration of the central artery of the retina by a clot which entirely filled up the calibre of the bloodvessel, which he believed was embolism due to disease of the mitral valve. —*Lancet*, Sept. 7, 1872.

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Incontinence of Urine in Children.—Mr. HOLMES COOTE administers in the above affection, with the happiest effects, even after all other treatment has failed, creasote in minim doses made into pills. —*Med. Press*, Aug. 25, 1872.

Worms in Urine and Blood.—It will be remembered that, during his investigations on cholera in India, Dr. T. Lewis discovered the embryo of a round worm in chylous urine, which is figured in his Report on Cholera. Dr. Lewis has since continued this inquiry in Calcutta, and has not only detected these embryos in large numbers in chylous urine in many cases, but has found them in very large numbers in the blood of patients suffering from chyluria. A single drop of blood from the finger has contained as many as nine live worms. And the identity of these blood-worms with those of the urine is, we understand, beyond doubt. Dr. Lewis's observations will be published in the next Report of the Sanitary Officer with the Government of India, and will be looked forward to with great interest.

A specimen of the embryo of the chylous-urine worm has been submitted to Mr. Busk, who considers it to be some kind of Filaria; and it may not be inappropriate to christen the new entozoon "Filaria sanguinis hominis." It is remarkably like some of the common tank-worms; and the mode of entrance into the body (probably with the water), its growth and increase there, and the effects it produces, are matters of the highest interest, which we hope Dr. Lewis may soon clear up.—*Lancet*, Aug. 31, 1872.

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The Bile Pigments. — By the action of sodium amalgam on an alkaline solution of bilirubin, out of contact with air, Maly (*Ann. Chem. Pharm.*, clxi., 868) has obtained a yellow colouring matter of feebly acid character, which he names *hydro-bilirubin*, and believes to be identical with the colouring matter obtained by Scherer from urine, with that obtained from feces by Vanlair and Masius, and also with Jaffe's *uro-bilin*. He assigns to it, in a later paper, the formula $C_{32}H_{40}N_4O_7$ (new notation). This direct conversion of bile pigment into urine pigment is highly interesting.—*Lancet*, Sept. 7, 1872.

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Inflammatory Agents of Pus.—Dr. Chauveau, of Lyons, pursuing his researches on the general physiology of virulent fluids, has just published in *La Revue des Cours Scientifiques* an account of several experiments made with pus. The main result of these experiments (concludes M. Chauveau) has been to show clearly that putrid pus, which induces fatal results when injected into the tissues, becomes almost innocuous when it has been perfectly filtered, thus giving evidence of the corpuscular state of the inflammatory agents of pus.—*Lancet*, Aug. 10, 1872.

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Unhealthy Revaccination.—*L'Imparziale* states, on the authority of the *Gazetta della Spezia*, that recently seventeen persons were admitted into hospital, after revaccination, with large phlegmonous swellings of the arms at the points where the operation had been performed. In one man, a sailor, sloughing took place, and was followed by death. The cases occurred in persons who were all revaccinated on the same day; and none of those operated on on other days were affected. The occurrence is attributed to bad lymph —taken probably from a diseased cow. *L'Imparziale* remarks that further information is required, before any definite conclusion can be arrived at as to the cause of the unfortunate event and the measures which should be taken to prevent its recurrence.—*Brit. Med. Journ.*, July 13, 1872.

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Women Midwives.—We extract from the *Med. Times and Gazette*, June 15th, 1872, the following remarks, which, we have no doubt, are well founded:—

"It is a matter of notoriety that, of late years, among the numerous outcries that have deafened the well-to-do population of these islands, there has been a shrill, if not a loud, one in favour of female midwives. When traced to its originators, however, it has been found to have been raised by a few male fanatics, whose objection to male practitioners is based on the fact that they credit all mankind with the same impurity which colours their own imaginings; and by a somewhat larger number of hopeless spinsters and sterile matrons, who because they are spared the burden of Eve are envious of Adam's punishment, and employ their time in prating about woman's work and

woman's mission—by which they mean the neglect of that part of the business of mankind which, in every nation and age, has been assigned to the woman, and an interference with that part which nature, custom, or the progress and necessities of civilization have apportioned to the man. Our modern prophetesses quite ignore the fact that the instinct of the human race has made a broad division in labour; that to the female part of mankind nature has assigned three very important duties, which certainly in England they do not fulfil in any tolerable fashion. The first is the duty of preparing food for the whole race; the second is that of clothing themselves and their children, if not the men also; the third is that of educating physically, mentally, and morally the young of the race. This is the true woman's work, which is utterly neglected by a large part of the sex, very badly performed by the great majority of the remainder, and only well fulfilled by the small minority that remain in so far as they profit by the assistance and imitate the skill of those males who, in sheer despair, have turned their attention to what ought to be the female part of human employment. We utterly deny that there is any appreciable call for female midwives on the part of the childbearing matrons of England and Wales. We never yet met with a woman who would not prefer being attended by a man if she could afford to pay one; and the reasons are obvious. In the first place, the instinct of the woman teaches her to rely upon the skill, courage, presence of mind, and strength of the male; in the second, she mistrusts the judgment of her sister in time of difficulty and danger; in the third, she knows that men are kinder and more considerate towards women than women are to each other. We do not believe that if all the married pregnant women in the kingdom were polled to-morrow, one in 500 would prefer being attended in her approaching parturition by a female practitioner. We allow, then, that there is an outcry for female midwives, but we deny *in toto* that it has been raised by that section of the sex which is most interested in the matter."

Hydrate of Chloral in the Prevention of Sea-sickness.—Dr. J. C. O. Will states (*Lancet*, July 20, 1872), that "during the spring of 1872 an unusually favourable opportunity for experimenting as to the value of chloral in sea-sickness presented itself, viz., an exodus of stone-cutters which took place from Aberdeen to New York, and of this I gladly availed myself. Being appealed to by a considerable number for 'a cure for sea-sickness,' I ordered in every case hydrate of chloral. Its effects were of the happiest description; for out of upwards of eighteen cases, in one only did the drug fail to fulfil the indications for which it was prescribed. The weather during all the voyage was rough, and sickness among the other passengers was exceeding prevalent. So satisfied were the men who went out first of the efficacy of the medicine they had employed, that they wrote home, directing those who were to follow to supply themselves with similar prescriptions. I may also mention the case of a young lady, a martyr to sea-sickness, who on sailing the other day had no sooner left this harbour than she began to feel sick. She therefore, according to my directions, took a dose of chloral and lay down, the result being that during the whole passage, lasting two days, she was perfectly free from her former enemy. The same result has attended many other cases in which I have given it. The dose I generally employ is thirty grains in slightly sweetened water, directing the patient to take a like quantity if relief does not follow in twenty minutes. I advise a little light, easily digested food to be taken before sailing, and direct the chloral to be taken and the patient to lie down on the first symptoms of sickness presenting themselves."

—

Death under the Administration of Chloroform.—We regret to record another death from the administration of chloroform, which took place at the Great Northern Hospital on Wednesday. The patient was a man fifty-three years of age, on whom Mr. Carr Jackson was about to perform the operation of lithotomy. The vapour was administered by Mr. George Eestes, the chloroformist of the

hospital, who has had extensive experience in anæsthetics. Mr. Osman Vincent, Mr. Vernon, and Mr. Bloxam, all experienced chloroformists, were present; but the efforts of all were unavailing in restoring the unfortunate man to consciousness.—*Brit. Med. Journ.*, Aug. 24, 1872.

Dr. GLASCOTT exhibited to the Manchester Medical Society the heart of a man who had recently died at the Manchester Royal Eye Hospital whilst chloroform was being administered to him previous to an intended cataract operation. —*Ibid.*

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Death from Bichloride of Methylene.—The death of a patient while under the influence of bichloride of methylene occurred last week at the Bath United Hospital. A man aged 51, who had had his arm broken and his shoulder dislocated on April 29th, and who had for some time been a patient at the hospital, was about to be operated on by Mr. Gore for the reduction of the dislocation. The bichloride of methylene was given, and the patient became insensible in two or three minutes, but his face then became livid and his breathing suspended. The pulse was at the same time observed to fail The tongue was drawn forward, ammonia was given, and the galvanic battery was used for three-quarters of an hour, but without effect. The heart was found to be large and flabby, but there was no other sign of disease in the organ. In his evidence at the inquest Mr. Gore said that, according to the records of the hospital, bichloride of methylene had been used there two hundred and fifty times in the last two years.—*Brit. Med. Journ.*, Aug. 31, 1872.

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Five Cases of Hemianæsthesia.—At a recent meeting of the Biological Society of Paris, Dr. CHARCOT, of La Salpétrière, gave the details of five cases of hemianæsthesia with unilateral trembling which he had observed. The patients had been all of advanced age, and had had a more or less sudden attack of apoplexy, after which hemiplegia, hemianæsthesia, and hemichorea had supervened. In three cases a post-mortem had been made, and Dr. Charcot had stated the existence of a sclerous or hemorrhagic lesion of the optic layer, radiating more or less towards the cerebral peduncles and the corpora striata. Dr. Charcot said he did not pretend to furnish the definitive explanation of hemianæsthetic phenomena, but thought he might rationally conclude, from his cases, that there existed in the nervous centres a special situation, the lesions of which produced hemianæsthesia of general sensibility.—*Lancet*, August 24, 1872.

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Character and Treatment of Malignant Scrofulous Angina.—Dr. CONSTANTIN PAUL, in a long article published on the above subject in *l'Union Médicale* (number for July 23d), reviews the whole question of malignant scrofulous angina, as elucidated by the details of twenty cases which he has been able to observe. The chief points of the paper may be summed up thus: There *does* exist a malignant ulcerated angina of a scrofulous nature, the characters of which are now sufficiently recognizable to enable us to form a correct diagnosis and to prevent us from pursuing an injurious mercurial (anti-syphilitic) treatment. Cod-liver oil and the general remedies used in scrofula are to be employed. Locally, tincture of iodine and perchloride of iron have not been very successful in Dr. C. Paul's hands, but he has found the acid nitrate of mercury to be of service.—*Lancet*, August 10, 1872.

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Diabetic Phthisis.—There is some difference of opinion in respect to the real character of phthisis in diabetic subjects, some considering it to be ordinary tubercular phthisis, whilst others deny it to be such. At a recent meeting of the Société de Biologie of Paris Dr. GRANCHET related an interesting case of cheesy pneumonia in a diabetic sufferer, in which the post-mortem showed that there did not exist real granulations, but that the interalveolar partitions contained a considerable number of embryonic elements. Dr. Granchet argued that, if it was not well-characterized tubercle, it was at least the tubercular process, and therefore he was opposed to Lancereaux and others, who do not admit the tubercular nature of phthisis in diabetes.—*Ibid.*

Pathological Anatomy of Diphtheritis.—In a paper recently read at the Academy of Sciences (*Gaz. Hebd.*, August 2), on the "Pathology of Gangrenous or Diphtheritic Angina and Croup," MM. Bouchut and Labadie-Lagrave came to the following conclusions: In these diseases there are two kinds of anatomical lesions—the one primary, due to the ulceration of the mucous membrane or the presence of false membranes; and the other secondary, cardiac or embolic. The former are well known, but the secondary, cardiac, and pulmonary embolic lesions have not yet been described,[1] and deserve to be known, explaining as they do the occurrence of death through an entirely special lesion of the lungs and other organs. In the heart there is almost always (fourteen times out of fifteen) an *endocardite végétante* with fibrinous deposits which are the origin of frequent emboli. The lungs frequently (forty-five times out of 180) contain knots of pulmonary apoplexy or bloody infarcti, due to arterial emboli, such infarcti being sometimes colourless at the centre, and surrounded by a zone of hyperæmic pulmonary tissue. Sometimes there are knots of purulent infiltration, or even true metastatic abscesses. The lungs also frequently present at their surface, between the lobules, small venous thrombi. These bloody infarcti are sometimes found under the pericardium among the altered muscular fibres of the heart, and in the subcutaneous cellular tissue, where small metastatic abscesses may be formed. Venous thrombi exist also in the pia mater, the brain, the liver, and in different parts of the body. With these lesions there always coexists a more or less pronounced leucocytosis, which in a bad case is very considerable.—*Med. Times and Gaz.*, August 17, 1872.

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The Structure of Normal and Varicose Veins.—Dr. S. Soboroff has lately undertaken a series of researches on the structure of healthy and varicose veins, the results of which possess considerable interest. He had at his disposal eight specimens of varicose veins, which, with only one exception, were accompanied by pathological changes in the vena saphena. These were all capable of being arranged in two groups: in both the lumen of the vessels was greatly enlarged; but in one the walls were thickened, in the other they were attenuated. The preparations seem to have been prepared with great care, some being silvered, to show the epithelium; others subjected to the action of chloride of gold, chloride of palladium, and chromic acid. The principal fact that he has definitely ascertained is that a dilated venous trunk, even when possessing almost perfectly transparent walls, contains colossal muscular fibre-cells. These are so large that when first observed they were regarded as fasciculi of unstriped muscle, but more careful examination, aided by staining experiments, showed the well-marked outline of the cells and the rod-shaped nuclei, clearly demonstrating that fibre-cells alone were under the microscope. The adventitia of the thin dilated veins was thin and but sparingly supplied with vessels, and the epithelial lining of these attenuated vessels was apparently continuous and unaltered. In the thickened and dilated veins, on the other hand, the adventitia was hypertrophied, and the vessels distributed to it were large and numerous. —*Lancet*, July 13, 1872.

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The International Ophthalmological Congress.—The first session of the Congress was held in London on August 1, 2, and 3. Fifty-eight gentlemen were present. Prof. Donders was elected President, and Dr. Williams, of Boston, and M. Warlomont, of Brussels, Vice-Presidents. Mr. Hulke, of London, and Prof. Zehender, of Berne, Hon. Secretaries.

Numerous papers of scientific interest were read. The Congress adjourned to meet in New York in September, 1876.

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Alsace-Lorraine Medical Students of the Free School of Medicine.—These students have issued an address to the public, protesting against the substitution of a German faculty for that whose doors have

[1] The authors are apparently unacquainted with the observations of Dr J. Forsyth Meigs, of Philadelphia. See *American Journal of Med. Sci.*, April, 1864, p. 305, and Jan. 1869, p. 24.

been closed. The introduction of a new scholastic programme, and of a new language is, they say, a serious blow not only to their patriotism, but to their interests, their studies, and their future. The address terminates with expressions of thanks and of veneration to their teachers who have to this period devoted their time and labour to preserve to Alsace its scientific self-government.—*L'Union Médicale*, August 10, 1872.

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Faculty of Medicine of Paris.—Dr. Brown-Sequard, the eminent physiologist, has resigned the chair of Comparative and Experimental Physiology in this faculty which he has ably filled for several years. M. Vulpian, a distinguished experimental physiologist, is an applicant for the vacant chair.

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Obituary Record. — Died in London, August 15, 1872, aged 72, Frederic C. Skey, C.B., F.R.S., Consulting Surgeon to St. Bartholomew's Hospital, well known as an able and accomplished surgeon, a popular lecturer, and the author of many valuable surgical papers.

—— In London, August 21, 1872. Alfred Poland, Esq., Lecturer on Clinical Surgery at Guy's Hospital. Mr. Poland ably edited, some years since, in conjunction with Dr. Wilks, Guy's Hospital Reports, and he contributed many valuable papers to that work, and also to Holmes's System of Surgery. He was an expert and skilful operator, and highly esteemed for his honourable career.

—— In Paris, August 23, 1872, of disease of the genito-urinary organs, Dr. P. C. A. Louis, aged 86; well known by his celebrated work on typhoid fever, and other highly important contributions to medical science which have rendered his name illustrious. He was for many years Physician to the Hôtel Dieu, was a teacher of extraordinary ability, and justly regarded as one of the greatest authorities of his day, and that too at a time when Paris could boast of so many eminent physicians.

—— In Paris, August —, of disease of the heart, in the 59th year of his age, Eugene Napoleon Vigla, Physician to the Hôtel Dieu.

—— In Paris, July 5, 1872, of heart disease, M. Charles Pierre Denonvilliers, aged 64. M. D. was appointed by *concours* Professor of Anatomy in 1846, in succession to Professor Breschet. In 1856 he succeeded Professor Gerdy to the chair of Surgical Pathology. In September, 1865, he was appointed to the Professorship of Operative Surgery, which became vacant by the death of the illustrious Malgaigne; and in 1867 he was promoted to the chair of Clinical Surgery at the Hôpital la Charité, which he held till the end of last year, when, having attained the age of 63, he had to retire, according to the rules recently established for hospital physicians and surgeons.

M. Denonvilliers, though a talented man and a practical surgeon, had not distinguished himself much as an author. He, however, contributed largely to the medical periodicals of the day, and wrote two very excellent works—one entitled "Compendium de Chirurgie," in conjunction with M. Gosselin; and the other "Rapports sur les Progrès de la Chirurgie," which appeared in 1867, and in which he was assisted by Nélaton, Velpeau, and others. He was for his services appointed in 1845 "Chevalier" of the Legion of Honour. In 1857 he was promoted to the rank of "Officier," and in August, 1865, to that of "Commandeur." He was, besides, Inspector-General of the medical branch of Public Instruction.

—— In Paris recently, Dr. M. Bousquet, one of the most eminent of the promoters of the Jennerian doctrines in France, aged 76, long since retired from practice with a good competence, which he has devoted to the erection of and providing for a hospital. In medical history he will be remembered as one of the most able and determined opponents of Broussais in the pages of the *Révue Médicale*, between 1820 and 1830, and therefore when the great antiphlogistic advocate was at the height of his popularity. Bousquet's "Traité sur la Vaccine" is one of the best works upon the subject, and has done immense service to the cause he had so much at heart, and which he defended to the last when it was threatened by the inroads of "animal vaccination."

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CLINICS.

CLINICAL LECTURES.

Clinical Lectures on Strangulated Hernia. Delivered at St. Bartholomew's Hospital. By Sir JAMES PAGET, Bart., V.P.R.S., Consulting Surgeon to the Hospital. (Continued from page 165.)

LECTURE III.—The design of the operation for hernia is to divide the structures which tightly gird the protruding parts, so that these may be returned, these structures, forming what is called the stricture, are in some cases outside the hernial sac; in some, in its very substance; and, according to these and other differences, the operation may in some cases be completed without opening the sac, and in other cases must include this opening. The advantages of the two methods have been often discussed, and I may begin by speaking of them.

There can be no doubt, I think, that if all the rest of the operation were always the same, the advantage of reducing the hernia without opening the sac should always be sought. Thus to reduce a hernia is the next best thing to reducing one without any operation at all. The structures divided externally to the sac are insignificant, and it might be difficult to name an operation less endangering either life or health than this would be. The peritoneum is not wounded; the intestine and omentum are not touched or exposed to air; the wound may be small; any hemorrhage may be easily stayed, and must be all external. Thus the wound

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is favourable for speedy healing, and erysipelas or any other mischief is not likely to extend to the peritoneum.

These are sufficient reasons for always wishing and generally intending to operate without opening the sac, especially in old and feeble people and in case of large herniæ. But you must not let your wishes carry you too far. They may lead you into great mischief. For, first, there are many cases in which the contents of the sac are not fit to be returned into the abdomen—for instance, when they are sloughing, or deeply ulcerated, or strangulated within the sac. The risk of returning these is so much greater than that of opening the sac, that you should not hesitate to open it whenever you have any, even slight, reason to suspect any of these conditions of the sac's contents. And such conditions there must always be in these sets of cases—1, in those in which the strangulation has existed long, say four or more days, whether with slight or severe symptoms; 2, those, of whatever date, in which the signs of strangulation are very acute; 3, those in which there are very marked signs of advanced or low inflammation in and about the sac; 4, those in which the contents do not go back easily and within two or three minutes after all stricture is fairly relieved. And, in measuring this ease of going back, you must be scrupulous; for I have certainly done harm and seen more done by trying too long to reduce herniæ without opening the sac—fingering and clearing the parts, and pressing them many times; damaging intestine, and exciting suppurative inflammation all about the sac; so that, when at last the operation was completed, much more mischief had been done than if the sac had been at first straightforwardly opened.

I think, then, you may take this as a safe rule in all ordinary cases: intend to complete the operation without opening the sac, but give up your intention if you find any reason to suspect complications, or very morbid states of the parts within the sac, or any such difficulties as would lead to the use of forcible or long-continued efforts at reduction. Of course, the more you practise the operation, the less frequently will these difficulties hinder you: but you may keep to the same rule, and think it wiser to avoid difficulties than at all cost to overcome them. And, finally, when you are in doubt, open the sac; for, though the advantages are, on the whole, clearly in favour of not opening the sac, yet the amount of advantage is not so great as to justify any considerable risk for it. Rough statistics of operations are not to be taken as measures of this advantage. In the worst cases, the sac must be opened; and, of these, a large portion die without any regard to the manner of the operation.

As to the method of operating, there are many, and some good anatomical rules, on which I shall not touch. They are admirably laid down in Lawrence on *Hernia*. I will only give some general rules, such as may be useful in nearly all cases.

In all, you should decide at first if possible, whereabouts the stricture is, so that your first incision may be fairly over it, and give you room to act on it without needless length of cutting. In femoral hernia, you may be sure that the stricture is at, or within half an inch of, the femoral ring; and this is near enough for guidance for the first incision. So, in umbilical hernia, the mouth of the sac is always the seat of the stricture; and the middle of your first incision may be right over it. In inguinal hernia, the stricture is, in the large majority of cases, at or within the internal inguinal ring; and the incision should extend from the internal ring to beyond the external ring, and (according to the characters of the hernia) to a greater or less distance towards or along the scrotum. But, in inguinal hernia, the stricture may be at the external ring, or, being formed by the thickened mouth of the sac, may be pushed up towards the abdominal cavity, or down along the canal, or beyond the external ring to some distance in the scrotum. Moreover, in some rare cases of congenital hernia, there may be two strictures—one at each end of the open canalis vaginalis. For these cases, it is useful to apply a rule devised, I think, by Mr. Luke, for ascertaining the seat of stricture;

namely, to observe at what point along the course of the hernia the impulse on coughing ceases. For, when a hernia is strangulated, the impulse can be felt as far as the stricture; beyond that, it cannot be felt: therefore, where the impulse ceases, there probably is the stricture; and this part must be fairly included within the length of your incision.

In femoral hernia, your first incision may be vertical, in a line drawn straight down from the spine of the pubes—a projection which you can always easily feel. This incision seldom needs to be more than an inch and a half long, and may sometimes be less. In umbilical hernia, a vertical incision of an inch and a half or two inches will suffice, in the middle line, so as to reach either the upper or the lower border of the mouth of the sac. But I am disposed to believe, though I have not tried it, that, in large umbilical herniæ, two incisions, going to opposite borders of the ring, would be better than any one. In inguinal hernia, the incision should take the direction of the neck and upper part of the hernia, and its length must vary according to the size of the parts to be returned.

Through these incisions you must go on and on, through the several layers which your anatomical dissections of healthy parts will sometimes enable you to recognize, till you come to the sac. The thickness of these layers is more various than you may suppose. Especially in small femoral herniæ, you will often find an unexpected quantity of fat about the sac; and in umbilical herniæ, very much more fat about the mouth of the sac than the thinness of the integument over it would at first suggest.

Through whatever thickness, you must continue cutting in the same direction; and when you are fairly on the surface of the sac, keep to the same line. Do not clean the whole front of the surface of the sac; do not separate it from the surrounding textures. No good can come of this, but much harm may. You want nothing more than a linear division of the stricture, whether with or without a linear opening of the sac. All that is done on either side of this line is useless or mischievous.

When you have thus fairly reached the sac, and have exposed its neck and mouth or narrowest part, you must proceed differently, according as you propose to complete the operation without or with an opening of the sac. In the latter case, you open the sac first near its mouth, and then along the length and full extent of your external incision; and then divide the stricture from within. You may do this on your finger-nail or a director, and with cares about the intestine and other structures, which are insisted on in all handbooks. In the former case, when you intend not to open the sac, you must find where the stricture is, and divide it outside the sac.

Among femoral herniæ, there are differences as to the seat of stricture which I cannot explain to you, but which my cases made very clear to me. In some instances, as you trace up the neck of the sac, you find it tightly banded across by the layer of fibrous tissue called Hey's ligament—a layer traceable as a falciform edge of the fascia lata, where that fascia is connected with the crural arch, and is thence continued to Gimbernat's ligament, bounding the upper part of the saphenous opening.

Sometimes a fair division of this layer of fibres up to the edge of the crural arch is sufficient to render the hernia reducible; and here, with the reduction, should end the operation. But, with more cases, this is not sufficient; and you may feel the stricture formed by bands of fibres which encircle the neck of the sac, and which must be divided, band by band and layer by layer, till none can be felt. These fibres are, I believe, bands of tough connective tissue, belonging to the cribriform fascia, through which the hernia has protruded. Very rarely, however, even the division of these, and of Hey's ligament too, is not sufficient; for the stricture is formed by thickening of the mouth of the sac itself. This condition, which is the common cause of stricture in inguinal hernia, is very rare in femoral; but it certainly does occur; and, in any case well suited for the operation without opening the sac, you may try to thin the mouth of the sac without opening it, and thus to

make it extensible enough for the return of its contents. You may try this; but, let me add, the chances of success are small. You are much more likely to cut into the sac at some thin place; and, when you have done this, you may as well enlarge the opening and divide the stricture from within.

It is this uncertainty as to the exact cause of stricture in strangulated femoral hernia, which makes it advisable to put on a strong resolve not to use too much time or force in endeavouring to operate without opening the sac. You will be apt to think, when you have divided one thing, that now you will be successful; and you try to press back the bowel. But you fail; and then you divide something else, and try again; and now again you fail. And thus you may go on, till you have done more harm than you would have done by a straightforward opening of the sac and immediate easy division of its stricture and return of its contents. Keep this in mind, that an easy reduction from an open sac is better than a difficult reduction from a closed one.

In umbilical hernia, the case is simpler. The stricture is always in the tough fibrous tissue of the sheath of the rectus. When you have reached this, commonly going much deeper through fat than you would expect, and not only deeper, but further under the sac, you may be able to divide the stricture without opening the sac; but this is difficult, for the sac is very thin, and there may be little tissue between it and the fibrous ring. Still it is well to try, but not too long. You are more likely to open the sac at or close by the stricture; and, if you do this at all, you may as well save time and force by opening it more widely.

In inguinal hernia, the stricture is in many cases, and was in the majority of those on which I operated, formed by the mouth of the sac, thickened and hardened by what appears to have been an inflammatory process, producing a scar-like and contracting tissue. This tissue forms a band about a fourth or a third of an inch in width, and about a line in thickness, and sometimes has a thin sharp inner edge. By the way, let me say that the formation of this band is not the result of wearing trusses. I have seen it very marked in patients who never wore a truss; and I have seen the sac thin and soft in every part in those by whom trusses have been long worn. But, however it may be formed, this annular thickening and contraction of the mouth of an inguinal hernial sac is a common cause of stricture. On account of it, you should proceed at once to expose the mouth of the sac; unless, indeed, you should have found the tissues outside it so tight that you may fairly believe the division of them will be sufficient for permitting the reduction of the hernia. When you have exposed the outside of the thickened mouth of the sac, you may still achieve the reduction without opening, by gradually thinning the mouth—dissecting off band after band from any portion of it. Sometimes the mouth will yield sufficiently at a part thus thinned to stretch and allow the reduction; but more often, I think, you will fail, and will have to open the sac and divide the stricture from within.

Here, as with femoral hernia, be scrupulous not to spend more than fair force and time for the sake of the reduction without opening the sac. It is a good thing to succeed; a bad thing to fail. You must measure how much risk of harm it is right to incur for the hope of doing good.

If the reduction be accomplished without opening the sac, you will have attained the best immediate object of the operation; but remember that fallacies of reduction are possible here as well as in the cases in which no operation has been done; they are, however, less mischievous, for, if the stricture be completely divided, there will be no strangulation of whatever remains in the sac. Especially you must have no fear if, as commonly happens, after returning intestine, some omentum remain in the sac. This will do no harm; but, if more than omentum have remained in the sac, and the signs of strangulation be not relieved or lessened, you must operate again and open the sac, regarding these cases in the same light as those of partial or doubtful reduction, of which I spoke in the last lecture. But, suppose the sac

opened, as it should be in nearly all bad cases, and in many which, though they are not bad, yet may be called difficult, here may occur the most difficult question of all. What is to be done with the contents of the sac? Of course, in most cases you are to return them; but in many you are not, and which are which?

Look first to the character of the fluid which, in most cases, you will let out of the sac. In most cases, not in all; for, in some small femoral herniæ, especially in very thin dry people, and in many umbilical herniæ, and in any that contain a large quantity of omentum, there may be no fluid, or too little to be distinctly seen, but if there be enough to judge from, you may deem it a good sign if the fluid is clear, and yellowish like serum, or rather like liquor sanguinis—for it will coagulate spontaneously. This indicates only such an exudation of fluid as may come from a simple congested piece of intestine or from a piece not badly inflamed; and the cases would be very rare, if there can be any, in which intestine found behind fluid such as this might not be returned. The same may be said when with fluid such as this there are flakes or bands of lymph or fibrinous exudation; for these tell of only such inflammation as may safely be recovered from when the intestine is returned. I am disposed to say the same of the cases in which the fluid is clear, but more or less deeply blood-stained; for this exudation of blood-cells or blood-colour is not characteristic of any serious morbid change in either the sac or its contents. But when the fluid of the sac is turbid, brownish, muddy, it tells of more advanced changes in the intestine or in the omentum; and the further it goes in this direction the more carefully must you consider whether these are in a fit state to be returned. You will probably have to decide that they are not fit, when the fluid has a distinct fæcal or putrid odour; and of course they are not fit when the fluid has fæcal matter mixed with it.

I do not venture to say that the characters of the fluid contents of the sacs of strangulated herniæ are to be absolutely relied on as guides for practice; but they are good evidence to be taken into the general account, for they fairly represent the state of mere congestion or inflammation, or more or less advanced decay or decomposition, or giving way of the walls of the strangulated intestine and omentum.

Not rarely, when you have divided the stricture and returned the contents of the sac, fluid runs from the peritoneal cavity. I do not know any rule of practice but that you must let it run as long as it will, and, if it be of very unsound appearance, not close the wound till the fluid has ceased to flow, if even then.

As to the omentum which the sac may contain, and what to do with it: if there be a small quantity—say two or three square inches—and this be not adherent, and not more changed than by congestion or slight inflammation, there can be no question that you are to return it after the intestine; and if there be a piece of even very large size, and not more changed in texture, you had better return it if you can without much force or expense of time. But it sometimes happens, when the abdomen is tense with over-filled intestine, that you cannot return a large piece of omentum without much difficulty. What then? shall you cut it off or leave it in the sac? I advise you to leave it. I believe that the cutting off, with the necessary ligatures or other fastenings of vessels, adds to the dangers of life; while the leaving of omentum is only sometimes followed by greater difficulty in the fitting of a truss—a difficulty which is not great enough to justify any risk of life.

Still more may this rule of leaving omentum in the sac be observed when a large piece of it is hardened and thickened as by old disease. When a small piece is thus changed you may, I believe, return it.

When omentum is adherent to the sac, but in other respects fit to be returned, you should break the adhesions and return it, after stopping all bleeding. If it be not fit to be returned, leave the adhesions, and in any case do not break adhesions so near the mouth of the sac that their vessels are likely to bleed into the abdominal cavity.

When omentum is sloughing, or nearly sloughing, leave it, that it may cast its sloughs outward.

But the chief questions in these operations are concerned with the state of the strangulated intestine and the manner of dealing with it. You are to judge chiefly from the colour and the tenacity. Use your eyes and your fingers; sometimes your nose; very seldom your ears, for what you may be told about time of strangulation, sensations, and the rest is as likely to mislead you as to guide aright.

As to colour, any tint from the natural gray through various shades of rosy or ruddy pink, or redness, up to the deepest crimson, even verging to blackness, may be consistent with fitness for returning of the intestine, if the texture be good. All these tints may be due to congestion and stagnation of blood, or to extravasation of blood into the intestinal walls; and all these may have been without such inflammation as would spoil the texture of the intestine, and may not have endured long enough to kill it. I am disposed to say that you may return intestine of any colour short of black, if its texture be good; if it feel tense, elastic, well filled out, and resilient, not collapsed or sticky; and the more the surface of the intestine shines and glistens, the more sure you may be of this rule.

When a piece of intestine is thoroughly black, I believe you had better not return it, unless you can be sure that the blackness is wholly from extravasated blood. It may not yet be dead, but it is not likely to recover; and, even if it should not die after being returned, there will be the great risk of its remaining unfit to propel its contents, and helping to bring on death by what appears very frequent—distension and paralysis of the canal above it. But, indeed, utter blackness of strangulated intestine commonly tells of gangrene already; and of this you may be sure if the black textures are lustreless, soft, flaccid, or viscid, sticking to the fingers or looking villous. Intestine in this state should never be returned.

Colours about which there can be as little doubt, for signs of gangrene, are white, gray, and green, all dull, lustreless in blotches or complete over the whole protruded intestine. I cannot tell why there should be so many colours in different cases, or sometimes even in the same case; but all are alike certain signs of gangrene, and they are always combined with loss of due tone and texture of the intestinal wall. Intestine with these marks, even though they be small, must not be returned.

Then, as to the texture of the protruded intestine: it should be, for safety of return, thin-walled, firm, tense, and elastic, preserving its cylindrical form, smooth, slippery, and glossy. The further the intestine deviates from these characters, the more it loses its gloss and looks villous, the more it feels sticky, and is collapsed and out of the cylinder form, the softer and more yielding, the more pulpy, or like wet leather or soaked paper, the less it is fit for return. And when these characters are combined with so many colours as I have described, the intestine must be taken to have perished, and had better be laid open, that its contents may escape externally and do no harm.

But, short of gangrene, there may be ulceration of the walls of the intestine. The usual place for this is where the intestine is girt by the mouth of the sac, and it is most frequent in femoral herniæ long strangulated. In these it is especially the sharp hard edge of Gimbernat's ligament, which seems to cut into the intestine, thinning its wall and at last piercing it: and the chance of this having happened is enough to justify the rule that, where the strangulation has been sharp and long, the intestine should be gently drawn down after the stricture is divided, in order to see that there is no great injury of its walls where the chief pressure of the stricture has fallen on them.

Here too, because they are similarly dangerous to life, I might speak of laceration of the intestine in too violent attempts at reduction, or wound of it in operation; but I have no personal experience of such cases, and can add nothing to what you may read in the best treatises on hernia—such as that of Sir William Lawrence, or in the chapters devoted to hernia by Mr.

Erichsen in his *Science and Art of Surgery*, or by Mr. Birkett in Holmes's *System of Surgery*. These will supply you not only with their authors' experience, but with what they have gathered and set in order from the writings of others. Limiting myself to what I have studied in my own cases, I must omit many things besides ruptured and wounded intestine; such as the various complications of strangulated hernia with hydrocele and misplaced testicle, with varicocele, and with accidents of the operation, such as hemorrhage from the epigastric or the obturator artery. Some of these things I have never seen; others I have seen only once or twice, and have learned concerning them nothing but what you may learn by reading the works to which I have referred you.

But, as to the treatment of sloughing and ulcerated intestine of which I was just speaking, I will only say that it has always seemed to me more prudent to incur a great risk of having a permanent external fæcal discharge by leaving the intestine at the wound, than to add to the risk of life by returning any thing which it may seem possible to repair by suture or any such means. Of course, these means are not to be thought of if the sloughing or ulceration be of more than very small extent; but even in the smallest, unless in some very rare cases, I would not add to the inevitable risks of life by returning the damaged intestine. In cases of hernia, the saving of life is so much more important than anything else, that we ought not to incur a risk of life for anything less than the highest probability of saving a patient from some life-long distress.—*Brit. Med. Journ.*, May 18 and June 1, 1872.

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Extract from a Clinical Lecture delivered at the London Hospital on Affections of Hearing in Cases of Disease of the Nervous System. By J. HUGHLINGS-JACKSON, M.D. —It is now evident enough that there are many nervous diseases which we cannot study methodically unless we examine the deep parts of the eye. Amaurosis, when its nature is revealed by the ophthalmoscope, is one of the most important of all nervous symptoms. It is to be regretted that in spite of the careful works of Wilde, Toynbee, Hinton, Politzer, Von Tröltsch, Moos, and others, we know so little of the symptomatic value of deafness in cases of cerebral disease. There are two reasons for this—(1) There are difficulties in defining the nature and exact seat of the changes on which deafness depends. When a patient becomes blind, we can determine at any rate whether his blindness depends on changes in the optic nerve and retina, or on changes in the apparatus accessory to these percipient parts. But in cases of deafness it is very difficult to tell whether the pathological change is in the auditory nervous[1] system or in the accessory apparatus of hearing. Tröltsch (I quote from St. John Roosa's translation) says (there are no italics in the original)—"The diagnosis of nervous deafness will be the oftener made the *less* the surgeon is able to distinguish the different affections, the *less* he understands how to examine the affected portions, and the *less* knowledge he has of the pathological changes of the external and internal ear." And again, "Let us confess, gentlemen, that we are apt to call those affections 'nervous' which we can neither diagnosticate nor improve by treatment." This is a very unfortunate state of things, but it is due to difficulties inherent in the subject, and not to want of work or skill on the part of those who have especially studied diseases of the ear. From our inability to decide in a case of disease of the nervous system whether the patient is deaf from disease of some part of the auditory nervous system or from disease of the accessory apparatus of hearing, the statement that he is deaf is one of little point in the list of symptoms of his case. (2) In those cases where the deafness is a subordinate symptom (for example, in a case in which there is deafness with palsies of cranial motor nerves), there is not enough precise work done either in establishing the nature of the deafness

[1] I use the expression "auditory nervous system" to include the auditory nucleus, the auditory nerve, and its peripheral expansions in this labyrinth. The expression "optic nervous system" includes the corpora quadrigemina, optic tracts, optic nerves, and retinæ.

during life or in noting the appearance in the ear and its nerves found post-mortem. Thus many valuable facts are lost. I now write because I wish to urge that in physicians' practice a good field will be found for the precise study of the various causes of deafness.

Physicians see cases in which deafness is associated with other and more easily understood nervous symptoms. Again, in physicians' practice, from the greater gravity of the cases, post-mortem verification or disproof of the conclusions which our examinations of the ear have led us to is to be more often obtained.[1] There is one thing which can be safely stated—namely, that deafness, presumably of nervous origin, is rarely met with in cases of intracranial disease of any kind; but since it is, as we have seen, very difficult to tell whether a patient's deafness is of nervous origin or not, this statement is not definite. We can, however, make the wider statement that deafness of any kind (excluding cases *manifestly* due to disease of the apparatus of hearing, cases with discharge from the meatus, or cases with severe pain) is a rare complication of intracranial disease. It is very much less common than amaurosis (from optic neuritis). This fact, whatever its explanation may be, is evidently one of importance. To take a particular illustration: In cases of adventitious products in the cerebral hemisphere we nearly always find blindness,[2] partial or total, from optic neuritis. But in no case have I ever seen deafness the result of adventitious products, nor of any other sort of disease in any part of either cerebral hemisphere. (*I speak only from cases completed by autopsy.*) I have, however, seen only one case recorded (Royal London Ophthalmic Hospital Reports, vol. iv., part iv., p. 420) in which, with tumour of the left cerebral hemisphere, there was complete deafness of both ears. But this case was not exceptional, as there was also a tumour the size of a hazel-nut at the point of junction of the pons and medulla oblongata on the left side. In the Royal London Ophthalmic Hospital Reports, vol. v., part iv., I published a case (there numbered xxi.) of a woman, 18 years of age, who was blind and deaf. She had also a reeling gait. I remarked of her case (p. 281, *op. cit.*)—"I think the disease must be chiefly of the left cerebral hemisphere, and probably of its anterior lobe; but I equally think there must be disease lower down, and away from the cerebral hemisphere, to produce the deafness—for, so far as I know, deafness to any considerable extent (I now say to any obvious extent) does not occur from disease of the cerebral hemisphere." This woman died about five years later, under the care of Dr. Claye Shaw, in the Metropolitan Asylum, Leavesden. He was so kind as to show me the tumour. It did not, as I had supposed, actually involve the cerebral hemisphere, but it grew from the floor of the sphenoidal fossa, and thus must have interfered with the hemisphere by pressure at least; moreover, the disease was on the right side. The only reason I had for thinking it to be on the left was that I had been told that the girl had had a *right*-side seizure, doubtfully epileptiform. But the point of importance for my present subject is as to the deafness. There was but one tumour; not two, as I imagined. But in *effect* there were two lesions, as the tumour extended so far back as the seventh pair of nerves. There was affection of the hemisphere (the patient had become insane) by the tumour, and the auditory nerve was *reached by it*. But it must be remarked that Dr. Claye Shaw found no palsy of the parts supplied by the portio dura, which nerve also must have been in the way of pressure.

My impression is that deafness does not result from intracranial tumour (or other

[1] In the "Archives of Ophthalmology and Otology," vol. ii., No. I., appear two papers on affections of the ear, which have as much interest to physicians as to aural surgeons. One is, "A Clinical Analysis of the Inflammatory Affections of the Inner Ear," by H. Knapp; the other is, "On Vertigo occurring in Affections of the Ear," by Gustav Brunner, of Zurich, translated by Emil Gruening, of New York. A perusal of these papers will, I think, convince any one that careful investigations of aural symptoms are of very great value in the elucidation of some obscure nervous affections.

[2] As is well known, there may be optic neuritis without obvious defect of sight, but blindness, partial or total, occurs nearly always before death.

kind of adventitious product) unless the auditory nerve is actually involved or directly pressed on. If so, its significance is altogether different from that of amaurosis from optic neuritis—as in optic neuritis the adventitious product scarcely ever directly involves any part of the optic nervous system. Again, if the fact be as I suppose, deafness is a localizing symptom, whereas, so far as is yet shown, amaurosis from double optic neuritis is of no value whatever in localization. Optic neuritis occurs from tumour in many parts, probably in any part of the encephalon.

In both the above-mentioned cases the tumour could have affected—affected directly, that is—but one of the auditory nerves, and yet the deafness was double. I cannot explain the occurrence of *double* deafness in these cases. Transmitted pressure seems at first glance to offer an explanation, especially as the auditory nerves are soft; but this explanation is not satisfactory. And I have (*Medical Times and Gazette*, June 17, 1865) recorded a case of tumour[1] the size of a walnut, which grew from the front part of the left lobe of the cerebellum, in which case there was deafness of that side only.

To discover how it is that disease of the hemisphere so often causes amaurosis, whilst it never causes deafness, we must consider how the word "cause" is here used. We cannot suppose that whilst the optic nerves have connections with the cerebral hemisphere the auditory have not. Probably the auditory nerves have very indirect connections; but connections of some kind they must have, or we must assume that speaking and singing are not dependent on action of the cerebral hemisphere.

[1] The tumour had flattened the fifth nerve; the portio dura nerve ran into the tumour, or was lost on it. The strange point of the case is that the fifth and portio dura nerves were not paralyzed. My last examination of the case was on December 1, 1864. The patient died February 23, 1865; but Mr. Stephenson, under whose care the patient was, noted no change in the symptoms, except that the patient passed urine and fæces in bed. The deafness was present when (September, 1864) I first saw him. We know that nerves will bear slowly exerted pressure very well, but probably this does not apply to the soft auditory nerves.

The disease of the cerebral hemisphere, so far as it destroys, may cause no obvious symptoms of any kind; but if the destroying agent be tumour or other kind of adventitious product, it leads to secondary changes and optic neuritis in one part[2] of the secondary changes, and fortunately a visible part. How these secondary changes are produced is at present unknown. In the mean time there are several speculations. It would be foreign to my subject to go into these speculations here; I will only mention that I believe the distribution of arteries will be some help to the solution of the difficulty. Whatever the explanation may be, the facts that while blindness often occurs by some process from adventitious products in the cerebral hemisphere, deafness never results from disease of any kind of any part of either hemisphere, are of great importance.

That there may be an auditory neuritis analogous to optic neuritis, it is scarcely worth while in the present state of things either to affirm or to deny. If there is, it may be supposed to depend on disease of the cerebellum. But what we have said of the cerebrum applies to the cerebellum. Vulpian remarks that nothing is rarer than trouble of hearing in alterations of the cerebellum. I have never seen a case of double deafness from tumour of the cerebellum, and yet in nearly every case there is amaurosis (from optic neuritis). In some of these cases, when the tumour is of the middle lobe, there is manifestly increased pressure, not only under the tentorium, but above it; for a tumour here placed will lead to hydrocephalus by interfering with the free return of blood from the lateral ventricles of the cerebral hemispheres. Yet in such cases—I have seen four—there was no deafness.

In cases where there is disease of the tympanum we frequently have nervous symptoms; but these are the result of the ear disease—obviously so in cases of cerebral or cerebellar abscess. I have elsewhere (*British Medical Journal*, June 26,

[2] Other secondary changes are in gray matter of convolutions, on which convulsions are dependent.

1869) remarked on the association of epilepsy or epileptiform seizure with discharge from the ear. It is manifestly difficult to say that there is more than a coincidence. But in diseases so painfully obscure as epilepsy or epileptiform seizure we cannot afford to overlook any realistic condition. We should inquire for earache and discharge from the ear in all cases. At any rate, it is as important to do this as to inquire for worms and other eccentric irritating causes. In all cases of recurring epileptiform seizure we are sure that there is an irritable condition of nerve-tissue somewhere. This is certain, whatever else is doubtful. The great difficulty is to learn by what *pathological* process that irritability results. The irritability may result from different kinds of pathological processes. I imagine that embolism and thrombosis occasionally lead to it, and thus in epilepsies I inquire for heart disease, rheumatism, and scarlet fever; and, since I imagine it may result from *venous* thrombosis, I inquire also for discharge from the ear. Since I have had no post-mortem examinations, I do not pretend to *know* that there is such a relation.[1]

I do not suppose that the ear disease leads to the epileptiform seizure by reflex action, but as seen by the gross process of thrombosis. I mention this expressly, as Knapp (who has only seen extracts from my paper in the *British Medical Journal*) quotes me, along with Köppe and Schwartze, as having published observations "which seem to demonstrate that reflex epilepsy may be occasioned by inflammatory disease of the middle and inner ear." This may be the connection —if connection there really is—betwixt the ear disease and epileptiform seizure; but I do not think it is. However, as I say, I have had no autopsies, and I can therefore only urge that discharge from the ear should be one of the things to be investigated in cases of epilepsy and epileptiform seizure.

It will, however, be of comparatively little value to note the connection unless we note also the *kind of seizure* with which the discharge occurs. By "kind" I mean the region affected; whether, for example, the convulsion is sudden and universal, or begins deliberately in one side of the body —viz., in the face or hand—and may or may not become universal. In many of these cases the convulsion begins suddenly, and we learn from the patient little more than that he has had a severe fit. But in some cases it begins deliberately on one side, and occasionally there is after the seizure weakness of that side. (I have recorded such a case—St. Andrew's Reports, vol. iii., 1870, "Study of Convulsions," Case 6.) An autopsy on such a case would be very important; for it is certain that in such cases there is *local* disease, and indeed, I think, certain that there is disease in the region of the corpus striatum on the side opposite the side of the body in which the fit begins. And of course it is a truism to say that the fit depends on irritability of nerve-tissue. There is irritability of nerve-tissue in the region of the corpus striatum. The missing link is the *pathological process* by which that local irritability results. When we find that the aural discharge is only of the ear on the side opposite the side of the body in which the fit began—that is on the side of the brain—the possibility of the relation need not be lost sight of, with a view to post-mortem verification or disproof.

I have mentioned that occasionally after convulsions beginning unilaterally (hand or face, and probably in foot) there is hemiplegia; that hemiplegia after a convulsive seizure is often slight, and nearly always transitory. In some cases of discharge from the ear—I speak only of children—there is persistent hemiplegia. St. John Roosa has recorded an important case of this kind. I have seen a good many cases, but as I have had no autopsy I will content myself with urging that in all cases of hemiplegia in children the ear should be examined, and with asking that in cases of autopsy on hemiplegic children the possibility of venous thrombosis from ear disease be borne in mind.—*Med. Times and Gaz.*, July 13, 1872.

[1] I have, however, published a case which seems to lend support to that view. There was in that case no discharge from the ear, but the lateral sinus contained purulent matter.

HOSPITAL NOTES AND GLEANINGS.

Notes of a Visit to the Surgical Wards of Dr. Léon Labbé.—In the course of a visit to the wards of Dr. Léon Labbé, at the Hôpital la Pitié, we noticed various interesting cases or surgical facts, of which the following is a brief account:—

Case of Lipoma; an Easy and Practical means of Diagnosing Lipoma.—The case was one of a woman of middle age, on whose left shoulder, superficial to the deltoid, was seated a tumour of about the size of an orange. There was some difference of opinion among the visitors in regard to the nature of the growth, a few thinking it was a cyst, whilst the majority diagnosed a lipoma. Dr. Léon Labbé laid stress on an easy and practical means of making out lipoma. It consists in squeezing and gently raising the skin around the tumour. It follows that the surface, which was before quite smooth and equal, becomes slightly red, whilst the interstices between the lobules of the fatty tumour are marked out by white lines. The appearance thus afforded is quite characteristic of lipoma.

Sub-deltoid Cyst.—Near to the preceding patient was another woman who a few days before had been operated upon for a similar tumour, also situated on the left shoulder. In this case, however, the growth was seated under the deltoid. An exploring puncture had been previously made, and the tumour afterwards removed with the knife. It was a synovial subdeltoid cyst. The patient was doing well when we saw her.

Amputation of the Thigh; Dressing with Cotton-wool.—This was quite a typical case of dressing with cotton-wool (now extensively employed in the Paris hospitals), and its favorable results. The patient was a girl of about sixteen or seventeen. This was the eighteenth day after the operation. The girl was almost in a dying state when amputation was decided upon. She had a white swelling in the knee, and a large abscess in the periosteum was found loosened and detached up to the middle of the thigh. Hectic fever had already set in, and the girl's strength was fast wasting away. On this, the eighteenth day of the operation, the patient looks quite well and cheerful. She has grown fat, and the cheeks are round and rosy. A large heap of cotton-wool had been applied in successive layers immediately after the operation, and strong compression exerted as usual by means of cotton-bands. The dressing had not been removed since, and will not be removed until about the thirtieth or fortieth day. As there was some slight smell a few days ago, with a little oozing of pus through the dressing, starch with carbolic acid was applied, and there is now no smell perceptible. The cotton dressing looks tight, compact, and clean. The stump may be moved about without the patient experiencing the slightest pain or inconvenience. This kind of dressing should prove useful in ambulance work during war. There has been no traumatic fever. From the day of the operation the patient rapidly recovered her appetite and gained strength.

Dr. Labbé explained a few points connected with the mode of dressing. All the arteries, large and small, must be tied. The wound is simply stuffed with cotton, which during the process of suppuration and healing is gradually and completely pushed out. Circular amputation is more convenient than the flap operation, though flaps are no impediment. The wound need not be washed with carbolic acid or any other disinfecting fluid. Large heaps of cotton-wool must be applied, and strong compression with the cotton bands is necessary.

Dr. Labbé referred to an addition which Dr. Ollier had proposed to apply to this mode of dressing, and which had turned out a complete failure—namely, the use of silicate of potash added to the bands for the purpose of fixing the dressing. The cause of failure is this: It always happens that the cotton-wool swells after twenty-four hours—becomes *tassee*, according to the French expression. The cotton-bands are, therefore, loose, and require to be tightened. This is quite impossible with the silicate of potash.

Sebaceous Cyst of the Head.—In these cases Dr. Labbé uses Vienna caustic, which he applies all over the tumour ex-

cept within two or three millimetres of the base. The tumour dries up after a few days, and then falls, leaving only a white cicatrix. There is no danger of erysipelas.

Stricture and Retention of Urine; Hypogastric Puncture.—This was an illustrative instance of the utility of puncturing the bladder with the aspirating apparatus, in stricture and retention. The day after the puncture had been made and the bladder emptied, a small bougie was introduced and gradual dilatation made, with successful results. No local effects of the puncture are perceptible.

Division of Sciatic Nerve in a Youth by a Bullet.—There exists paralysis of the limb and contraction of the tendo-Achillis.

Enlargement of Great Trochanter for eighteen years; Removed by the Gouge and Hammer.—Guérin's cotton-wool dressing was applied with good results. The operation was performed in the latter end of January. The actual cautery has been since occasionally applied. The patient is doing well, and healing is almost complete.

Atrophy of the Deltoid after contusion of the Muscle.—Electricity has until now been used in vain.

Aspirating Puncture of the Knee in a case of Hydrops Articuli.—The case was caused by a fall on the knee. The patient is a lad of about sixteen. Two punctures with the aspirating needle had already been performed without obtaining any liquid. A third puncture was performed in our presence, when about forty grammes (ten drachms) of blood were withdrawn from the joint. Dr. Labbe said he was glad he had repeated the punctures, as this quantity of blood lying in the joint would, as is always the case, have taken a long time to be absorbed, and also retarded the healing process. Compression had been employed with no effect. He referred to a similar case he had recently treated in private practice in which, after having made a small incision into the surface, he had withdrawn a large number of worm-like pieces of clotted blood. Healing had taken place rapidly.

In order to employ aspirating puncture with good results in cases of effused liquids in the knee, there should be at least two or three ounces of liquid in the joint. Puncture is made without reference to the patella, and where the tumour bulges most.—*Lancet*, Sept. 21, 1872.

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Disease of the Femur; Amputation at the Hip-joint; Recovery.—The following case is of considerable interest, inasmuch as it is one of necrosis of the shaft of a large bone occurring without any suppuration whatever. The history pointed to a malignant affection, but a most careful examination of the bone after removal failed to detect such a condition, and showed without doubt a necrosis. For the notes of the case we are indebted to Mr. Parnell, house-surgeon.

J. B., aged twenty-two, a thin, emaciated young man, was admitted into St. Bartholomew's Hospital, under the care of Mr. Morrant Baker, on August 13, with disease of the left femur. The history is as follows: Ten weeks before admission he went to bed quite well, but on waking in the morning he felt great pain in his left thigh; on the next day he noticed that the thigh was swollen. This went on increasing for six weeks, when, as the patient was walking in his room, the bone broke spontaneously, and he fell down; and since then he has been unable to walk. On admission the left thigh was greatly swollen, the swelling being due to increased thickness of the bone. At about the middle third the bone was angularly curved, the prominence being outwards and forwards; and there was an inch and a half of shortening.

The case being diagnosed as malignant disease, amputation at the hip-joint was performed on August 15. Chloroform being administered, an abdominal tourniquet was applied over the lower part of the aorta. Antero-posterior flaps were then made by transfixion, the posterior flap being several inches longer than the anterior one. The femoral vessels were compressed by an assistant seizing the anterior flap as the knife cut outwards. There was very little blood lost, but many ligatures were necessary to secure the bleeding vessels. The surfaces of the

flaps being washed with a carbolic acid solution, the wound was brought together by wire sutures, the ends of the ligatures hanging out at the extremity of the wound. Lastly, a large pad of lint soaked in carbolized olive oil was placed over the stump, which was then supported by means of a bandage.

On inspection of the removed limb, the muscles surrounding the bone were pale and appeared to be extensively infiltrated; the bone was thickened through the greater part of its extent, but markedly so at and below the seat of fracture, which was at the upper part of the middle third. On longitudinal section of the bone, the well-defined compact portion was seen to be surrounded by a firm casing about a quarter of an inch thick; here and there, however, the continuity of the compact tissue was interrupted. On a more careful examination made subsequently, it was found that the shaft of the bone was necrosed, and not the seat of malignant infiltration, as was at first supposed, and that the casing was made up of lymph thrown out by the periosteum and surrounding soft tissues.

Shortly after the operation, the patient was ordered fifteen drops of tincture of opium, with some brandy. In seven hours the temperature had gone up from 98.4° F. to 100°. On the day of the operation, and for the next two days, the patient was troubled with retching and vomiting.

Aug. 17. The wound was dressed for the first time. Temperature, 101°; pulse, 138.

20th. Wound suppurating freely. Temperature 104.4°; pulse 120.

23d. Fifteen ligatures came away, and on the 24th five more were removed. Temperature 100.2°.

From this date the temperature gradually descended to the normal, the appetite being good throughout.

Sept. 5. The wound is rapidly healing; the last ligature came away to-day.

The local treatment has been throughout the thorough sluicing of the interior of the stump with weak permanganate of potash lotion twice daily, by using a rubber tube, with an elastic catheter to be introduced within the wound attached to one end, as a syphon from a basin containing the lotion.—*Lancet*, Sept. 21, 1872.

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Ligature of the Common Carotid for Hemorrhage consequent on the Removal of a Maxillary Tumour.—H. R., aged 57, gardener, was admitted on May 29, 1872, into St. Thomas's Hospital, under the care of Mr. Le Gros Clark. The most noticeable symptoms in the history of the tumour were rapidity of growth and increase of pain. The pain, which was the first symptom, was not felt until three months before admission, and swelling of the hard palate and upper jaw were noticed a month afterwards. No other member of the family, so far as could be ascertained, had suffered from cancer.

On admission, the patient had a considerable tumour of the upper jaw, distorting the face and forcing its way into the mouth. The eye was partially closed, and there was a discharge from the left nostril, where a polypus was visible. The teeth had disappeared from the left superior maxilla, with the exception of the two incisors. No glandular enlargement of the neck was detected.

On introducing the finger into the mouth, the tumour was felt as a firm elastic mass, and scattered about it were some openings like pinholes. The patient's symptoms were such as might be expected from the character and position of the growth; severe shooting pain in the left side of the head, difficulty of swallowing, much thickening of the voice, and impairment of vision from the upward pressure of the floor of the orbit, so that objects above a certain elevation appeared double. A small portion of the interior of the growth was obtained by harpooning from one of the openings before referred to in the hard palate, and was found to consist of a fibrous nucleated stroma with cells, chiefly of an epithelial character; there were occasional myeloid forms, but a large proportion were very erratic.

On June 12, Mr. Le Gros Clark removed the left superior maxilla. The line of incision passed downward from the inner angle of the orbit by the side of the nose round the left ala nasi to the middle of the lip, and outward along the lower margin

of the orbit to the middle of the zygoma. The soft growth which was found filling the bone extended so far back that it was impracticable entirely to remove it. Vessels in the tumour under the masseter bled freely, and were twisted. The actual cautery was applied to the exposed surface, and the superior maxillary nerve cut short. A sponge, covered with gutta-percha tissue, was introduced to fill out the cheek, and the edges of the wound were accurately adapted with wire sutures.

June 14th.—The sponge was easily removed. The wound was cleaned with Condy's fluid and replugged with oiled lint.

June 17th.—The wound was syringed with Condy's fluid. The incision had healed throughout almost the entire length. All sutures were removed. 7 P.M.—There was copious hemorrhage—about twenty ounces. The bleeding was temporarily arrested by the application of ice and repeated pluggings of lint dipped in perchloride of iron. The condition of the patient, however, rendered it necessary that there should be some better security against hemorrhage, and accordingly, at about half-past ten o'clock, Mr. Wagstaffe tied the common carotid artery. An incision, between two and three inches in length, was made over the edge of the sterno-mastoid muscle, the skin and fascia were divided, and the superficial veins twisted. The artery, which was large, emerged from under the sterno-mastoid at about a level with the upper border of the thyroid. A double catgut ligature was used and cut short. The wound was brought together with strips of plaster. The plugs were then removed from the mouth.

June 18th, 6 P.M.—The pulse was small, and the face much blanched. The patient's general condition was somewhat better than was expected. Since the operation the patient had slept a little, and had taken custard milk and iced brandy and water with some relish.

June 20th, 6 P.M.—He had been very restless, and had taken but little nourishment.

June 21st, 6 Evening.—The patient remained in the same state until noon to-day, after which he sank rather rapidly and died at about half-past five o'clock. There was no noticeable return of pulsation in the temporal artery. A *post-mortem* examination was made by Dr. Payne about twenty-one hours after death. A mass of new growth or inflammatory material remained attached to the under surface of the floor of the orbit, and a small abscess was found under the zygomatic process. Besides this, there was no pus. The left side of the neck was also examined, and the vein and nerves (pneumogastric and descendens noni) were found uninjured. There was very little pus also in this wound. The upper lobes of both lungs were found studded with grouped patches of gray tubercle, and some masses of fibroid tissue, but no caseous matter. The lower lobes contained also scattered gray tubercle. The bronchi were inflamed, and the bronchial glands were large, hyperæmic, and succulent, but not caseous. The liver, spleen, and kidneys were healthy. The brain also was healthy. The arteries of the circle of Willis contained the ordinary *post-mortem* clots, and a similar clot was found in the upper part of the internal carotid.—*Brit. Med. Journ.*, Sept. 21, 1872.

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Eight Fistulæ in Ano, with Stricture four inches up Rectum.—A patient in King's College Hospital under the care of Mr. HENRY SMITH exhibited the most deplorable condition of the rectum, the buttocks being riddled with fistulæ, open and healed up. Five distinct fistulæ opened on the left buttock and three on the right, and a number had spontaneously healed up. They all opened into, or nearly into, the rectum at and above the stricture. The patient was a soldier, in excellent health otherwise, strong and robust, and he had been twice operated upon by qualified surgeons; but they and the physicians who had seen him had failed to detect the stricture. It was just beyond the reach of the finger, and was therefore overlooked. Mr. Smith demonstrated the stricture by introducing a No. 10 catheter, which could only pass up with difficulty; under chloroform it passed

easily, but no more. When the stricture was freely divided, a No. 1 rectal bougie passed up readily six inches. Mr. Smith then freely divided the fistulæ also, although some of them opened fully two inches from the anus, making long cuts into the bowel and laying the anus quite open. The remains of former operations, in the shape of thickened skin about the anus, he then removed with scissors; and, after stuffing with sponges and padding, the man was removed. The operator remarked, that, when stricture exists with fistulæ, it is quite impossible to cure the latter without dividing the former. So long as the stricture exists, so long will the fistulæ open on the buttock; and the stricture should in every case be looked upon as the primary disease. In some few cases a necrosed coccyx or sacrum is the cause of the fistulæ, and requires primary attention; but generally it is stricture. Mr. Smith also noticed the precise parallel between fistulous openings in the perineum and stricture of the urethra, and such cases as he had just operated on.—*Ibid.*

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

On Chloral in Pertussis, and a Poultice of Digitalis in Suppression of Urine and in Puerperal Convulsions. By G. R. HENRY, M.D., of Burlington, Iowa.

I have used the hydrate of chloral now for two years, and have not met or heard of a case of whooping-cough that was not promptly *cured*. I have suggested its use to a number of practitioners, who all report a perfect success. It will control the spasmodic cough, if given in the latter stages; and, if given early, it will prevent the whoop from appearing. I use it dissolved in syrup of Tolu, in doses of two to ten grains, according to age of child, and repeated as often as the cough occurs: and I have yet to see a case that required more than ten days' treatment. Contrast this with the weeks and months of suffering and distress which we have seen wear out our little patients.

Another remedy, which has not the position given to it to which it is entitled, is a digitalis poultice, applied to the abdomen in cases of *urinal suppressio*.

I have used it with marked success in cases of puerperal convulsions, and in other cases where the stomach would not tolerate remedies by the mouth. I have seen it fail, in common with all other remedies, in some cases of fever, where the suppression was due to a loss of vital action in all the organs; but I have also had such decided and marked good results from its use, that I think it worthy of more notice than it receives from the profession.

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Case of Abscess of the Cervix Uteri.—By W. SCOTT HILL, M.D., of Augusta, Maine. In November, 1868, Mrs. A. G., age 43, mother of seven children, consulted me for menorrhagia of sixteen months' standing. The patient was rather above the ordinary size and very anæmic. The last confinement was some three years previous to the above date. She had been prescribed for by a physician, but no examination made. Complains of some pain in the pelvic region, but not enough to prevent her from doing her ordinary work or from walking or riding. Has some leucorrhœa. Examination with speculum showed a large cavity on the right lateral aspect of the cervix uteri, about six lines in diameter at its outer surface, and apparently about three at its entrance into the cervical canal. The cervix was considerably enlarged, about one and three-quarter inches in length, by one and one-half in diameter. The anterior and posterior lips were soft and patulous, having much the appearance on the surface of a ripe strawberry. The treatment was principally by local applications of tr. iodine, with injections of chlorate of potash. For the menorrhagia, some of the preparations of opium, with gallic acid in ten grain doses, and occasionally acetate of lead, afterwards ferruginous tonics. The cavity gradually filled with healthy tissue. The cervix resumed its normal size in the course of a year. She is now in her usual good health, and menstruates regularly though past 46 years of age. Nothing could be learned from her history of the

case to show how long the above condition had existed when first seen by me.

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Remarkable Inaction of Strychnia administered Hypodermically.—Dr. THOMAS KENNARD states (*Medical Archives*, June, 1872) that on the 5th February he commenced the hypodermic injection of strychnia with a patient "whom I believed was suffering from white atrophy of the optic nerve, and who had no vision from one eye, and very imperfect from the other for several years, and for which trouble every means which promised good had been tried in vain. I was naturally timid in my first experiments with so powerful a remedy, and began with the $\frac{1}{80}$th of a grain, which, having no perceptible effect, I then increased day by day, to the $\frac{1}{40}$th, $\frac{1}{30}$th, $\frac{1}{24}$th, $\frac{1}{15}$th, $\frac{1}{12}$th, without perceiving any benefit or effect whatever. I then, on the 7th day of treatment, used the $\frac{1}{12}$th, morning and evening, for some five days, when I combined with it the elixir quiniæ et strychniæ ferrat ʒij, or the $\frac{1}{30}$th of a grain of strychnia three times a day, and still perceiving no effect from this heroic treatment, except slight twitching on one occasion, I began to consider my patient strychnia proof, and ventured to increase the hypodermic dose, on the 14th day, to the $\frac{1}{8}$th, then to the $\frac{1}{6}$th, $\frac{1}{5}$th, and even the $\frac{1}{4}$th, without any perceptible effect, more than I expected from the tonic influence of the elixir taken internally. This patient was a delicate and infirm man, about fifty years of age. Whilst he was under treatment, I used hypodermically the same remedy—only increasing the amount injected more rapidly—with a young woman who, within a short space of time, had lost completely the senses of smell, taste, and vision; but was apparently otherwise in the enjoyment of perfect health. I commenced with her on the 13th of February with the $\frac{1}{24}$th gr., then day by day I increased to the $\frac{1}{15}$th, $\frac{1}{10}$th, $\frac{1}{8}$th, until the sixth day, I injected the $\frac{1}{6}$th, and repeated that dose five days without any perceptible effect whatever, except upon the third or fourth day, when she had some twitching, and her vision was improved slightly, or rather she thought that she could distinguish light from darkness, and perceive large bodies passing her, which she could not do before. She was also taking the elixir internally, $\frac{1}{30}$th of a grain of strychniæ three times a day. This improvement was only transient, however.

"On the 17th of March I was called to see an Irish woman, who for seven or eight months had been suffering with partial paralysis of the arm and leg of the right side, accompanied by a most intolerable feeling of coldness, as if ice was packed on that side. I commenced with the $\frac{1}{24}$th of a grain of strychnia hypodermically, and the elixir of quinia, iron, and strychnia ʒij internally three times a day, and gradually increased it to the $\frac{1}{12}$th, $\frac{1}{8}$th, and the $\frac{1}{6}$th, which dose I continued until the 27th without any toxical effect whatever. Her limb soon got naturally warm, but most likely from the effects of the strong veratria ointment which I rubbed it with; though, perhaps, the strychnia produced it, as Echeverria recommends it very highly in such cases, and reports several cases thus treated satisfactorily.

On the 1st, 2d, 4th, and 5th of April I injected the $\frac{1}{12}$th, $\frac{1}{8}$th, $\frac{1}{6}$th, and $\frac{1}{5}$th of a grain of strychnia into the arm of an old lady seventy-two years of age, for partial paralysis, with some benefit, but no poisonous effects whatever; there was not the slightest twitching produced in her at any time, and I had employed it with her on one former occasion with the same result.

Such has been my short experience with the hypodermic injection of this powerful remedy, and it differed so materially from the published reports of others, that I thought it worth while to make a note of it; for, although authorities have varied in regard to the dose of strychnia to be administered hypodermically, and Courty and Eulenberg have injected as much as the $\frac{1}{3}$th of a grain, the majority have recommended from $\frac{1}{60}$th to the $\frac{1}{24}$th of a grain, and cautioned us against the dangers of even the latter amount; and, so far as I know, none before me have doubted that it would produce its usual physiological and toxic effects when injected beneath the skin.

Death from Ether.—Dr. W. B. DUNNING, Acting House Surgeon at the Bellevue Hospital, New York, reports (*Medical Record*, Oct. 1, 1872) the case of J. S., a saddler, aged 68, who was admitted into the Hospital on August 2, 1872, suffering from a fracture of the left femur, just below the trochanter. The patient was treated by a "Buck's extension" until Aug. 20, when it was decided to apply a plaster of Paris splint. In order to make sufficient extension, and at the same time prevent the pain of the operation, ether was ordered to be administered. The administration of the anæsthetic was slowly and carefully made, and after perhaps ten minutes the patient was fully under its influence and the operation begun. A few turns of the plaster had been made, when the patient's breathing was observed to be rather frequent and gasping. The pulse was, however, full and regular. The thorax was compressed two or three times, and the patient's breathing again became normal. As these symptoms not rarely occur during etherization, they excited no special alarm. The ether was, however, withheld from the patient four or five minutes, his repiration and pulse being normal. As he then began, however, to move about and his muscles were becoming rigid, the ether cone was again applied. In a minute or two, the assistant, who was giving the ether, observed the pupils to be dilating rapidly and the breathing to cease. His heart was still beating, however. The ether cone was of course immediately removed and artificial respiration was again used, and all the batteries obtainable in the hospital were put in operation in an effort to resuscitate the patient. His muscles occasionally responded by a spasmodic movement, but no breathing again occurred. The efforts at resuscitation were continued about forty minutes, until all response to the action of the battery had ceased.

Autopsy was made three hours after death. Rigor mortis was marked. Blood was fluid. Heart contained a little fluid blood with a little atheroma at base of aortic valves. The lower lobe of right lung is œdematous, and its lower portion in a state of red hepatization.

Ether was pure, and about ℥vi was used.

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Naval Medical Board.—A Board consisting of Medical Director Charles D. Maxwell, President, Medical Director William Greer, Medical Inspector Thos. J. Turner, Surgeon Albert L. Gihon and R. C. Dean members, and Surgeon Joseph Hugg, Recorder, has been convened at Washington, D. C., for the examination of candidates for promotion and for admission in the medical corps of the navy.

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The University Hospital, Philadelphia.—Ground was broken on the 12th of October, for the erection of this Hospital on the lot bounded by Spruce and Pine Streets, and by 34th and 36th Streets, containing about eight acres. This lot was granted by the City of Philadelphia to the Trustees of the University of Pennsylvania for the erection thereon of the University Hospital. T. W. Richards, Esq., the University architect, has been entrusted with the drawing up of the plans for the building.

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The German Hospital.—The new building of the German Hospital Association, at Corinthian and Girard Avenues, Philadelphia, has been put in complete order, and is now open for the reception of patients. It has at present room for seventy beds and its capacity is to be increased soon. All the patients from the old building have been transferred to the new one.

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Vital Statistics of the United States.—Dr. J. M. TONER, of Washington, from an examination of the census returns, asserts that the American people are showing unmistakable signs of physical degeneracy.

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Dr. BROWN-SEQUARD has resigned the chair of Comparative and Experimental Pathology in the Faculty of Medicine in Paris, which he has occupied for several years. Dr. Brown-Séquard will hereafter reside in the city of New York.

FOREIGN INTELLIGENCE.

Brasdor's Operation in Innominate Aneurism.—Mr. TIMOTHY HOLMES, Surgeon to St. George's Hospital, in one of his "Lec-

tures on the Surgical Treatment of Aneurism in its Various Forms," gives (*Lancet*, Aug. 31, 1872) the following conclusions on the subject of Brasdor's operation in innominate aneurism, which appear to him to be justified by present experience.

1. That the distal ligature of the carotid alone, or in conjunction with that of the third part of the subclavian, cannot be trusted to produce the complete consolidation of the tumour.

2. That, however, the natural effect of the ligature of the carotid artery is to produce coagulation in the part of the sac directly connected with the mouth of that artery.

3. That this may suffice practically for the cure of the aneurism, when the subclavian portion of the sac is small and shows no disposition to grow.

4. That in other cases, where the mouth of the subclavian artery is previously obliterated by impacted clot, the ligature of the carotid only may effect a radical cure.

5. That for these reasons it is better, in any case which appears to require distal ligature, to commence with the operation on the carotid alone, and afterwards to consider the propriety of securing the subclavian either in its first or third part.

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Quadruple Amputation.—In the autumn of 1869, Dr. Begg, of Dundee, amputated the whole of the extremities in the case of a young woman named Robertson, whose hands and feet had assumed a gangrenous condition, the proximate cause of which was attributed to embolism. After the operation a subscription was raised, and the poor woman sent to London, where, at the request of some influential friends of hers, Mr. Heather Bigg had constructed for her some especially devised prothetic appliances, in which the distinguishing features were, that the artificial hands were automatic in action, opening and shutting their fingers at the will of the patient. This peculiar prehensility gave her the power of grasping even so small a substance as a crochet-needle, and enabled her to gain a comparatively lucrative livelihood by making shawls, etc. So admirably did she do this, that one was sent by her to the Queen, who, struck by the excellence of the workmanship and the remarkable means by which it was accomplished, generously gave the poor woman £5. The artificial legs were also so arranged as to enable her to stand and walk with the aid of crutches. Three years have passed since she first began the use of extraneous appliances, and she now writes an admirable hand, besides knitting, feeding, and dressing herself, etc. In a communication made by her a few days since, which is now before us, she writes that she can walk alone quite easily with the aid of crutches, and that no one could observe the cause of her lameness. The case is one of no common interest, owing to its being the only one on record in which the whole of the four extremities have been removed. Apart from its pathological value, as indicating how life may be saved by judicious interference in cases of embolic gangrene, there remains the gratifying result that, by the use of ingenious mechanism, the patient is enabled to gain her living, whilst presenting nearly the same external appearance as if she still retained possession of her natural limbs. It is an unique case, and a triumphant instance of mechanical ingenuity.—*Brit. Med. Journ.*, Oct. 5, 1872.

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Treatment of Fracture of the Leg with Lateral Distortion.—Mr. Henry Taylor describes the following mode of treatment for this accident, which he observed practised in the Copenhagen Hospital. "Some cases," he states, "of fracture of the leg were put up in a splint of peculiar construction, devised by Professor Stein of this city, which appeared to act efficiently in cases attended with lateral distortion, as in Pott's fracture. The apparatus consists of a wooden fracture-box, of greater width than the leg, having a sliding foot-board and three binding screws in each side-piece, which can be made to press against the sides of the limb at its centre and both extremities. Small hollow side-splints are first applied to the leg, and receive the pressure from the screws, which are tightened at the points most requiring it. This application of

pressure, acting from points unconnected with the limb, nearly resembles the action of the surgeon's hands in rectifying displacements, and is not effected by any other splint with which I am acquainted." —*Brit. Med. Journ.*, Sept. 28, 1872.

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Sciatic Hernia.—Dr. MARZOLO, of Padua, has related the case of a woman who first came under notice in 1847, at the age of 30. Ten years previously she had observed a small swelling in the left buttock; it disappeared when she lay down, but reappeared in the erect position and gradually increased. She had four abortions, and bore one healthy child. When seen, the hernia extended over part of the buttock, as far as the trochanter, and forward to the groin. The abdominal wall was retracted. On lying down or sitting, the greater part of the contents of the swelling could be returned into the abdomen; defecation and coition were difficult. Last year the patient again came under observation. Her condition had changed but little; but the hernia was now irreducible, and at the lower part there were dulness on percussion and fluctuation. A puncture was made, and nine litres of fluid removed. Diarrhœa set in and the patient soon died. No post-mortem examination could be obtained. — *Brit. Med. Journ.*, Oct. 5, 1872.

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Spina-Bifida cured by repeated Punctures and Compression.—Dr. CAMARA CABRAL exhibited to the Lisbon Academy of Medical Sciences (Feb. 17th) an infant of four months of age, whom he had cured of congenital spina-bifida by the above treatment. The punctures were made with the "aspirateur" of Dieulefoy, and 305 grammes of albuminous fluid withdrawn by six operations performed at intervals. Compression was made by adhesive bandages.—*O Corrieo Medico de Lisboa.*

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Skin-grafting.—M. MARDUEL has given in the *Lyon Médical* (for September 15 and preceding numbers) an elaborate analysis of all the hitherto published facts connected with this subject, which will prove of great use to all those investigating it. In regard to the "clinical results" which may be fairly deducible from the trials of the practice, he speaks much less sanguinely than many of those who have adopted it. It is true that the graftings seem often to have increased the rapidity with which cicatrization takes place; but then this is especially observed in those wounds which have a red, healthy appearance, and seem (as Reverdin says) as if about to cicatrize; but when we have to do with atonic, fungous, and soft granulations, the means fail, as they do in scrofulous wounds and all others that have no tendency to cicatrize. Some surgeons, indeed, ask whether the true cause of the more rapid cicatrization when it does take place is not rather the minute care which is taken in dressing the wound. Then, again, the solidity of the cicatrix has not always proved considerable, ulceration in it readily occurring. In fact, the success of skin-grafting, amidst so much contradictory evidence, cannot yet be considered as established, and further investigation into all the circumstances attending the practice is called for.—*Med. Times and Gaz.*, Sept. 28, 1872.

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Rupture of the Uterus and Successful Gastrotomy.—Dr. FOURRIER, of Compiégne, relates in the *Bull. de Thèrapeutique* for August 15, in great detail, one of the most remarkable cases on record. We have only space to note the chief points. He was called on December 18, 1871, to a woman, 29 years of age, in whom on the 14th rupture of the uterus had taken place, with discharge of the child (between seven and eight months) into the cavity of the abdomen. The woman was apparently sinking from exhaustion, and after putting her under chloroform gastrotomy was performed. The child, together with the placenta and membranes, having been removed, the left iliac fossa was found to be lined with a blackish membrane in shreds, which was afterwards determined to be the peritoneum in a state of gangrene. Coagula concealed the aperture in the uterus, but neither after the accident nor during the operation had there been hemorrhage of any importance. The case went on well,

with some fluctuations, until January 14, when enteritis and what was at first feared to be purulent infection set in. Quinia was given in large doses with good effect, and the patient eventually did well. By February 19 she was considered quite well, and in May menstruation reappeared. She has been seen several times since, and continues quite well.—*Med. Times and Gaz.*, Sept. 21, 1872.

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Treatment of Poisoning with Atropia by Morphia.—M. ABEILLE communicated a case to the Academy of Medicine (*Bullet. de l'Acad.*, Aug. 27) in which symptoms of poisoning induced by the hypodermic injection of nine milligrammes of atropia were treated and cured by the injection of thirty-seven milligrammes of the hydrochlorate of morphia, without any other means (not even sinapisms) being had recourse to. It was a case of sciatica, which during four months had resisted all means of treatment, including morphia injections. Having in similar cases obtained successful results from atropia, M. Abeille resolved on its use, notwithstanding its well-known danger, being satisfied that he could meet this by means of morphia. This conviction was the result of its use in a case of very dangerous poisoning related to the Academy in 1868. In the present case the cure was complete, for it has continued during two years, and the symptoms of poisoning were dissipated within three-quarters of an hour by one injection of morphia.—*Med. Times and Gaz.*, Sept. 21, 1872.

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Use of Milk in Cancer of Stomach.—The invaluable benefit of milk diet in cases of cancer of the stomach has been forcibly brought out in an instance recorded by the *France Médicale* for August 24. The patient, under the care of Dr. Siredey, at the Hôpital la Riboisiére, had not been able for two months to take any kind of food without immediately throwing it up. Milk, in small quantities at first, was then ordered as diet. It was not brought up, and consequently during thirty-six days it was used in any quantities, and without inducing sickness. At the end of this time other sorts of food were given, and properly retained.—*Lancet*, August 31, 1872.

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Linimentum Calcis in the Treatment of Surgical Cases.—Mr. R. T. MANSON states (*Brit. Med. Jour.*, Oct. 5), that he has tried the linimentum calcis in a great variety of surgical cases, from bruised fingers to amputations, and with uniform success. The advantages of its use are: lessening the secretion of pus from a wound; easiness of application; extreme adaptability to irregular surfaces; prevention of the access of atmospheric air to the wound; promotion of healing by first intention, or, when that does not occur, promotion of healthy granulation; doing away with the use of nitrate of silver or sulphate of copper; ease to the patient; and saving of time to the surgeon. Used on lint, the linimentum calcis is not nearly so valuable as when used on fine cotton-wool. Lint does not get into the holes and corners of an irregular wound as cotton-wool does; it is not removed so easily; it becomes more easily dried and hardened, and possesses less of the nature of an artificial skin than cotton-wool. Linimentum calcis has long been used for burns and scalds. Some surgeons think it a nasty application; but, when made with olive-oil instead of linseed-oil, as was formerly the case, the nastiness is abolished. The *modus applicandi* is as follows: On a piece of fine cotton-wool, rather larger than the surface of the wound to which it is to be applied, the linimentum calcis is poured and spread over the wool, which is then placed over the wound and covered with common wadding. Either bandages or strips of plaster may be used to keep the lint in position.

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Mercury in Syphilis.—The employment of mercury in syphilis has been again lately much discussed. We (*Gazette des Hôpitaux*) have witnessed the practice of both the supporters and its denouncers. To us, it is beyond doubt that mercurial preparations, properly administered, shorten the duration not only of the secondary accidents, but even of the tertia-

ry, which have resisted iodide of potassium administered alone. As to the choice of the mode of application, Sédillot's pills have appeared to us as efficacious and more agreeable to take than bichloride or the hydrargyric iodides. We know that each of these pills contains double mercurial ointment, 10 *centigrammes;* medicinal soap, 10 *centigrammes;* marshmallow powder, 10 *centigrammes.* They are daily prescribed by M. Richet, M. Hardy, and others. By giving these concurrently with iodide of potassium, and disusing them from time to time, so that they can be alternated with a draught containing chlorate and nitrate of potash, they can be continued for months without producing either salivation or fatigue of the digestive canals. This is an excellent plan of treatment when one is anxious that certain accidents menacing existence, such as intracranial tumour, should rapidly disappear; but it must not be forgotten that, if these tumours manifest themselves by epileptiform attacks alternating with coma, returning at very short intervals, this specific treatment must not then be commenced. These symptoms must first be subdued by acting on the excitability of the brain. Tincture of amber in large doses, and bromide of potassium, of which the action is slower and more lasting, conduce to this result. Thus the system can for the time be reduced to calmness, although the tumour still exists. Things go on the same as before the first epileptiform attack. The morbid growth is still there; its pressure is always the same; but the brain is quiet. This truce must be taken advantage of, to at once administer the mercury and iodide. Expective treatment is not admissible in such a case.—*Ibid.*

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Syphilization.—Mr. Henry Taylor, in his notes of observations made in the hospitals of Christiania and Copenhagen (*Brit. Med. Journal*, Sept. 28, 1872), states that, "In the Royal Hospital at Christiania, I had the good fortune to find Dr. W. Boeck going round, who took the trouble to explain to me, in my own language, the nature of the more important cases under his care. The practice of syphilization, which has had so zealous an advocate in that distinguished physician, is still pursued by him exclusively in all forms of constitutional syphilis, and was being carried out in a great number of the cases before me; and, as I was told, with unvarying success. His plan is to inoculate the patient in the first instance with virus from a fresh sore, and then to continue the inoculation every third day with discharge from the sores thus artificially produced, until it ceases to have any effect, when the cure is considered complete, the constitutional symptoms having disappeared *paripassu.* The parts selected for inoculation are the chest and abdomen, and the operation is performed with a large lancet, which, after being charged with his virus, is placed vertically with its point on the skin, and twirled round so as just to penetrate the cuticle; the point is then wiped on the puncture. As two or three punctures are made every time, and as the treatment may extend over a period of several months, it follows that the patient's trunk is sometimes diapered all over with cicatrices, as happened in more than one instance among those in the hospital. In one man the resulting sores had an ugly aspect from phagedænic ulceration, but in the great majority no undue action had followed, and the constitutional symptoms had certainly declined or disappeared altogether, whether from the influence of syphilization, or from the natural cure effected by time, it would be hard to decide. As no other treatment, local or general, is allowed, except the light application of nitrate of silver to ulcers, the inoculation plan is credited with the cures. Notwithstanding this apparent success of syphilization in Dr. Boeck's hands, it is not practised by any of his colleagues in the hospital, nor by the profession in general. The objection I heard made to it was that it was 'too cruel.'"

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On the Combination of Chloroform and Morphia.—At a recent meeting of the Académie des Sciences, M. Demarquay read a paper on the practice of combining the subcutaneous injection of morphia with the administration of chloroform,

which has on several occasions been put into force in consequence of M. Claude Bernard's experiments having shown that in this way the anæsthetic condition can be kept up by the employment of a much less quantity of chloroform. According to M. Demarquay's own clinical observation, as well as the results of his experiments on animals, this practice, so far from diminishing, may add to the dangers of chloroform, especially when the patient is already in a depressed condition from hemorrhage, shock, etc. He observes that either of these agents administered separately produces a depression of temperature; and by using the two together he has lowered this by 2½° C. He is of opinion that the combination should be entirely renounced, and that all our efforts should be directed towards perfecting the administration of chloroform. He thinks that flannel is the best material through which it can be given, and has devised a mask made of it upon which the chloroform is allowed to flow from a bottle drop by drop. The evaporation is continuous, and the patient breathes without any effort, frequently falling quietly asleep without prior agitation. This apparatus, he says, has been employed by a great number of practitioners with excellent effect. He has stated his views upon the subject at length in the *Gazette des Hôpitaux* for August and September.—*Med. Times and Gaz.*, Sept. 21, 1872.

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Internal Use of Carbolic Acid.—Now that this acid is being tried internally, we should ascertain in what doses it may be poisonous. MM. Paul Bert and Jolyet, of Paris, have undertaken experiments to make out this point. Between forty-five and sixty grains will kill a dog of large size; nor should it be concluded that man could bear a dose in proportion to his weight compared to that of the dog, as thirty grains of hydrochlorate of mophia have been injected into the jugular vein of a dog without killing him. Of course one-fourth of this dose would kill a man. The above-mentioned authors state that carbolic acid is a powerful poison, which, very imprudently, is left in the hands of any body, either in solution or in the solid state. The former is the most dangerous, as some weak solutions for internal use are sold, as well as very strong ones intended for external use. Thus mistakes may easily occur. MM. Bert and Jolyet find that carbolic acid acts like strychnia on the excitability of the spinal marrow. It increases its sensibility, like strychnia, at first; but it diminishes that sensibility, or completely abolishes it, when the convulsive stage has exhausted the medulla. The phenomena resulting from carbolic acid are said by our authors to be quite similar to those produced by chloroform, chloral, ether, woorara, and the section of a motor nerve.—*Lancet*, July 13, 1872.

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Antidote to Carbolic Acid. — Various oily substances have been recommended as antidotes to carbolic acid poisoning. Dr. Husseman (*Pharmaceutische Zeitschrift für Russlande*) finds saccharate of lime the most effectual.—*Brit. Med. Journ.*, Oct. 5, 1872.

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Deaths from Chloroform.—In the *Brit. Med. Journ.* for Sept. 28, 1872, it is stated that a girl, æt. 16, expired at the South London Ophthalmic Hospital, while under the influence of chloroform administered preparatory to an operation on the eye.

In the No. for Oct. 5, of the same journal, there are reported two more cases of death from chloroform. One occurred in a lady aged over 70, who fell down stairs and fractured her leg into the knee-joint. Chloroform was employed to aid in the reduction. "The patient quickly succumbed to its influence, death ensuing, when very little chloroform had been used. We are not aware that any autopsy was made."

The second case occurred in the London Hospital. A publican, aged 34, had suffered for some time from inflammation of the foot and leg, probably connected with disease of bone. A sinus passed from the outer side of the foot, near the malleolus, under the sole of the foot; but, having no dependent opening, pus was collecting in it continually. It was proposed to examine further into the condition of the parts, and make a free escape for the pus. The patient begged that

chloroform might be given him: this was accordingly done by the house-surgeon, another gentleman taking charge of the pulse, and the surgeon proceeding with the examination. The man exhibited no peculiar symptoms at all at first. He passed through a very feeble "excitement stage," and he was never fully under the influence of the anæsthetic, for, on touching the ocular conjunctivæ, he always displayed the usual reflex contractions of the eyelids. About three drachms of chloroform having been administered, the patient was considered sufficiently, though not entirely, under its influence to commence the examination, and no more of the anæsthetic was given, as the patient exhibited no signs of pain. No severe hemorrhage occurred, but the granulating wounds bled freely when enlarged. The administration had been discontinued for a minute or two longer, when the patient seemed to flinch; at the same moment the gentleman who had charge of the pulse said, "He has lost his pulse." No pallor of the lips nor peculiarity of respiration were at this moment at all visible: the chloroformist could hardly believe such was the case; but in a few seconds the patient began to sigh, and pallor, yet with some lividity, was observed. Artificial respiration (Silvester's method), galvanism to the heart, frictions, and brandy enemata, were in immediate use; but, after about three-quarters of an hour, the air entering the chest became practically nothing, and all hopes were abandoned. It should be mentioned that the viscera of the chest had been previously examined, but there were no physical signs to enable one to discover any disease whatever in the heart or lungs.

A post-mortem revealed that the heart weighed 11¾ ounces; the cavities were natural. The muscle of the left ventricle was somewhat paler and softer than natural; but this change was no more than what is commonly seen after death from many causes: it was of natural thickness; there were no transverse yellow markings to indicate fatty degeneration. Under the microscope, the muscular fibres were seen to be somewhat degenerated; they were granular, and the transverse striæ were more feebly marked than in healthy muscle of the heart. The valves and orifices were healthy. The left ventricle was not firmly contracted, though slightly so, and it contained some fluid blood.

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The Fate of the Leporides.—Most biologists, and especially the readers of Darwin, will remember that, in 1868, M. Eugene Gayot, of Bretigny-sur-Orge, obtained, by crossing a hare with a rabbit, a mongrel, to which he gave the name of *leporide.* This animal became fertile, and the hope was entertained that a new species of animal would arise for domestic use; but this hope was deceived, and quite recently M. A. Sanson has made an interesting communication to the Academy of Sciences on the subject. Mated together, these hybrids of M. Gayot became fertile, and their fertility did not seem to be weakened; but they were simply hybrids, which, as others have done, oscillated for a time between the two types from which they descended, before returning definitely to one or other of these types. From the experiments of M. Gayot, he found that the greater number of his leporides returned decidedly and rapidly to the rabbit type, whilst only a few, and, with difficulty, tended towards the hare type. As to the fertility of these hybrids, it explains itself, according to M. Sanson, by the vicinity of the two species in the common race. The species are disposed in regular series. Those which are vicine in their series produce, by interbreeding, offspring which are fertile. It is still the same when they are not too far removed. If there be between them more than a certain number of series, the offspring of their breeding is sterile.—*Brit. Med. Journ.*, Oct. 5, 1872.

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Smallpox in the German Army.—The total number of deaths from smallpox in the German army, during the recent war, was only 203. This small mortality is attributed to the system of compulsory vaccination which every man who enters the army must undergo.—*Med. T. and Gaz*, Oct. 5, 1872.

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CLINICS.

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Clinical Lecture on Strangulated Hernia. Delivered at St. Bartholomew's Hospital. By Sir James PAGET, Bart., V. P. R. S., Consulting Surgeon to the Hospital. (Continued from p. 191.)

LECTURE IV.—The former lectures have related to the diagnosis of strangulation of a hernia, and to the operation necessary for its relief. This last will be on the treatment of cases after operation. In looking over my cases of hernia for illustration of this matter of after-treatment, I was struck with the great difference between the practice of late years and that of thirty or more years ago. In reference to all the subjects of the preceding lectures—the discrimination of the cases needing operation, the modes of operating, and generally the pathology of strangulated hernia—knowledge has, we may believe, increased, but without any material change of opinion; but, when we come to questions about treatment of patients after operation, we seem to know, and certainly we believe, things widely different from those which were generally believed when I was a student.

The present general rule of practice after operation, in cases likely to go on well, is to do what is called nothing; to wait till some reason for interference is manifest; and, while waiting, to take care that the patient shall have fit bedding, fit air, fit food, quietude, and good nursing. All these prime conditions of health are

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called "nothing." The contrasted "something" would be bleeding, active purging, or other restless interference with the natural course of recovery, such as was in vogue in the earlier years of my case-taking, and such as had not quite ceased twenty-five years ago, when I became assistant-surgeon to the hospital. In this contrast you will see only an illustration of the great change of opinion respecting treatment which may be observed in a wide range of medical practice, as in cases of fever, acute rheumatism, pneumonia, and all acute inflammations—a change shown, not by substituting one remedy for another, but by letting many diseases and the effects of many injuries take their natural course, in the confidence that they will come to a natural good end, and that we have no medicines potent to alleviate or cure them. But let me say that, while I have no doubt that the present general plans of treatment are better than the past, I yet do not believe that the past plans were so mischievous as some have told of them. I have no recollection of serious harm being often done by bleeding in the many cases of illness, whether slight or severe, in which during my apprenticeship, I practised it. In a few cases I think it was mischievous, but in the great majority it was harmless. In many, it gave such relief from pain or other distress as naturally strengthened the belief that it did real good; and in a few cases I do not doubt that it was beneficial. Still, in cases of strangulated hernia, whether before or after operation, I think you never need bleed a patient. I do not believe that bleeding ever saved the life of a hernia-patient, which but for the bleeding would have been lost.

And as for purgatives, though I believe they were often mischievous and more often unnecessary, yet I do not doubt that they were, and still may be sometimes, very useful; and I wish I could tell you more exactly than I can the class of cases in which they should be used. At present I know only one—the class, namely, in which it is clear that the strangulation has occurred while the bowels are overfilled, and in which the strangulation is acute and quickly relieved.

Now for general rules of treatment after operations for strangulated hernia. Bear in mind the complicated cases with which you may have to deal. In each case there are, or may be, these constituents: the intestine damaged by displacement and by being forcibly replaced; the operation-wound; the effects of chloroform; the intestinal disorders which at least in many cases, preceded the strangulation, and may continue after the operation; the effects of aperients and other medicines given for this previous disorder or for the strangulation; the inflammation or worse than inflammation of the sac and its contents, which does not subside immediately after even a successful operation.

When a case has been timely operated on, all these things may amount to nothing worse than may be left to the course of spontaneous recovery; and a case that goes on well requires that "nothing" in the way of treatment of which I spoke just now. But when anything goes amiss, you must have in mind all the things I have enumerated, in your endeavour to interpret the signs of wrong and to amend it. Very few cases are more difficult to manage than those which do not go on well after operation for hernia. There are terribly few which, having gone out of the right course of recovery, can be brought back to it.

What, now, are the signs of going on well? Chiefly a consciousness of complete relief; that is, not only of relief from the local distress, but from the general misery. Deceptive as sensations often are, this rarely is, and, if a patient be not conscious of relief, you must keep on the alert, and suspect that something is wrong. Besides, there should be no pain or acute fever. Mild traumatic fever there may be; but there should be no more; no nausea or sickness, but general quietude or sound sleep, a gradual recovery of appetite and strength, and, after a time, action of the bowels. I say after a time, wishing to be indefinite. Sometimes the bowels act very soon after the operation, and this may be harmless; but I think it is not good, for it indicates either the effect of physic wrongly given before the operation, or some irritation of the bowels

which would be better at rest. They do best who, while relieved from their distress, have no action of the bowels for some days. I know no necessary limit to the quietude in which the bowels may be left. In one of my cases, they did not act for nine days after the operation; and I have heard of others where, without any disadvantage or discomfort, there was still longer inaction. But this is, I think, a good general rule—to leave the bowels at rest for four days after the operation; then, if all seem well (not otherwise), to order a simple enema; and, if this be not sufficient, some aperient. I know no advantage in leaving the bowels longer inactive than these four days; and I had one case in which great inconvenience, to say the least, was occasioned by a very large accumulation.

After the action of the bowels, if all still go on well, there is no need of considering anything but the patient's comfort and the local treatment, and the diet may be of the plainest kind. Excess is more likely to be mischievous than spareness.

Among cases that do not go on well, there is a great variety; but I shall speak of those alone in which the wrong is in something peculiar to hernia. Of course the wound of the operation may lead to any of the evils that may follow other wounds, as erysipelas, pyæmia, and the rest; but these I shall almost pass by.

Among my cases I find some in which ill-looking symptoms, such as diarrhœa or colic, followed the operation, but meant no serious mischief, being only the continuation of the intestinal disturbance which preceded the strangulation. I have already spoken of this matter, but it is worth repeating: that it is common for the descent and strangulation of a hernia to be preceded by some intestinal disturbance, the signs of which may be suspended during the strangulation, and renewed after the operation. Whatever the disturbance, it may be treated, or left alone, as if no operation had been done; but it must not be forgotten in estimating the meaning of any symptom of ill doing.

Of these symptoms, one of the chief is vomiting. If a patient vomit once or twice soon after an operation for hernia, it may only be because the stomach was filled with secretions before the operation, and now finally empties itself. In this is no harm—perhaps some good. But, if the vomiting continue, it may be a sign of the gravest import. It may, indeed, be due to chloroform. I have seen several instances of this, and among them one in which chloroform-sickness continued for three days after the operation, endangering the patient's life. Generally you may distinguish the vomiting due to chloroform from that due to peritonitis or unrelieved strangulation, by its being attended with horrible nausea, like sea-sickness; by its producing no fæcal fluid or abundant gastric secretion, there being more retching than vomiting; and by the patient's feeling relieved of his hernia, however wretched he may feel with his nausea. If the pain and distress of the hernia be relieved by the operation, and except for vomiting all seem well, you may be nearly sure that the vomiting is due to chloroform, and commonly you must wait till it spontaneously subsides. I believe you cannot cure it, and food put into the stomach only aggravates it. The patient had better be without food, if in fair strength; but, if very feeble, he had better be maintained with enemata of milk, eggs, beef-tea, and wine.

If vomiting go on for six or more hours or for days, after the operation, and be not due to chloroform, it is a very bad sign—I had nearly said a mortal one; for generally it tells that the operation has failed in its design. Either the strangulation is not reduced, or the intestine is paralyzed above the strangulation, or there is peritonitis or sloughing or perforation of the intestine, or some such trouble. Very rarely the untoward conditions indicated by continuous vomiting are relieved spontaneously or with repeated doses of opium.

The persistence of abdominal distress, with tension and pain and colic, after the operation, is not so serious. If other symptoms be relieved, these probably will be; and they may generally be treated with large enemata or aperients, such as the sulphate and carbonate of magnesia. But there is no need of haste to

give these things. The abdominal troubles which they are to relieve are not due to serious disease, but probably to intestinal accumulation, which began before the strangulation, which would be very slow to destroy life, and may be allowed to remain till it can be treated without risk. In such a case as this—a not very rare case—when all seems well except the abdominal pain and tension, be on the watch. If there be no change, do nothing. With time, the intestines will empty themselves. If there be increase of pain, without increase of pulse or breathing or other evidences of fever or inflammation, give enemata or aperients. I am sure you may manage cases of this kind better and more deliberately than I did some of those which I have recorded. I see now that I was over-busy with them, and was only very fortunate in that I did no harm.

A large group of cases, much worse than these, may be made of those in which the operation gives little or no relief: all goes on after it as all did before, or everything becomes worse. Few cases can be more grave than these. You may think yourselves happy if, from twenty such cases, you can save one.

The failure of relief from the operation may be due to the utter exhaustion of the patient. I have had to operate on patients already dying. I could not refuse to operate, for I could not be certain that it would be useless; but it proved useless, and seemed mischievous. The intestine was returned, and all put right; but the patient was too exhausted, as one may say, to be conscious of relief, and went on dying, although carefully fed and nursed.

Or the failure of relief may be because the strangulation remains—a constricting band or misplacement of the intestine, or some such thing, having been overlooked. In such a case, especially if you have not opened the sac, you must open the wound and the sac; enlarge the opening through the stricture; find, if you can, the strangulated intestine or whatever may be wrong, and, if possible, set it right. You may be so fortunate as to succeed—more fortunate than I have been. But then, in two of my cases, an internal and distant strangulation coincided with that of the hernia. This was irremediable—could not be reached; and the second operation was as useless as the first.

But by far the most frequent cases in which the operation gives no relief, or only some slight and very brief relief, from the signs of strangulation, are those in which the intestine does not recover itself. It remains nipped, powerless, congested or inflamed, spoiled, and incapable of contraction; while the part of the canal above it becomes distended, and after a time powerless, the abdomen becoming constantly more tense, though it may be with less turbulence of the intestines. This condition is most frequent in the old, and after long strangulation; it is commonly attended with peritonitis; and no doubt the inflamed state of the muscular tissue of the intestine, both in and above the strangulated part, is often the cause of the loss of muscular power, or a serious hindrance to its recovery. But peritonitis is not a necessary part of the calamity. I believe I have had cases in which no peritonitis existed beyond the strangulated part. In such cases as these you may find the best hope, though the best is seldom good, in opium, food and wine, all of which you must give by the rectum, if the stomach will not retain them. Your object must be simply to keep the patient alive while, in time, the intestinal canal, being at rest, may regain power. Very small quantities of food may suffice for this—a few spoonfuls by the mouth every hour or two; and twice or three times a day, injections into the rectum of milk, beef-tea, egg, wine and laudanum, mixed all together.

Very similar to these cases are those in which peritonitis, having begun before the operation, is not relieved by it. There is plainly no reason why the relief of strangulation should at once remedy the peritonitis which the strangulation produced; and it sometimes seems to continue quite unaffected. Indeed, you had better expect that this will be so, and follow what is a very good general rule—that, namely, of giving opium directly after the operation in all bad cases of strangulated hernia unless there be some clear reason for not giving it. I have seen no harm come from

this plan, and I think it has sometimes done real good. What are the bad cases, I have already told you. In any or all of them, you may give a grain of opium, or an equivalent subcutaneous injection of morphia, directly after the operation; and then watch and determine whether to give more, or what else to do. Especially, you may expect to have to give wine very soon after the operation, for the patients are generally feeble.

Thus, then, you may have in mind four sets of cases in which the operation for strangulated hernia, though, to all appearance, well done, does no good at all, or too little to be counted. It may be so in patients utterly exhausted; in cases of persistent strangulation at the hernia or elsewhere; of intestine rendered powerless; of continuous peritonitis. Of all these I have seen examples. There may be others which I have not seen or have overlooked. From all of these you may distinguish in thought, and generally in fact and practice, those sets of cases in which untoward events arise after a clear interval of relief from the operation. All may go on well, or at least not badly, for a time; the patient may have a clear sense of relief; and the sickness and other bad symptoms may cease for hours or some few days; and then come trouble and disappointment.

The cases that may be thus grouped are many and various. I find among my notes instances of acute inflammation of the hernial sac and its coverings; simple acute peritonitis, such as might be called traumatic; asthenic peritonitis, probably of erysipelatous nature; acute peritonitis, with rapid collapse, from intestinal perforation or rupture; simple inaction or paralysis of intestine. And to those which were peculiar to operations for hernia may be added other calamities, such as might occur after any operation, as diffuse cellulitis, erysipelas, phlebitis, and others.

It is not possible to speak of all these things now—hardly even appropriate; for though those in the first list are associated with hernia, they are not peculiar to it, and their pathology and treatment must be studied on a broader field. The peritonitis must be dealt with according to the same rules as that which has nothing to do with hernia, using great care to determine which of the forms I have enumerated is in each case present. The strangulation may itself cause peritonitis; and this, as I have said, beginning before the operation, may continue after it. The wounding and exposure of the peritoneum may excite its inflammation, or greatly aggravate that which existed before the operation. In both these sets of cases, the signs of peritonitis will be observable directly after the operation, or, at the furthest, within twelve hours after it; and will generally be cases of acute, or, so far as the constitution of the patient will allow, of asthenic inflammation. But you may generally distinguish from these the cases in which peritonitis sets in after a longer interval, and in which it is rather of an asthenic type, whether it come from giving way of the intestine, or from such conditions as would produce erysipelas after external injuries.

Do not suppose me to pretend that, in every case of peritonitis after hernia, you can easily determine to which of these different types of inflammation it belongs. You can determine often; you should try to do so always; for according to the type of inflammation must be your treatment. In the sthenic inflammations, you may give great comfort and help to recovery by free local bleeding with leeches, by large poultices over the abdomen, by weak saline and alkaline drinks, by the plainest and least stimulating diet. In the asthenic, opium is the only remedy that is generally useful. It used to be calomel and opium; but I believe the calomel did harm oftener than good. And with the opium must be rest and warmth, and liquid nutriment, and diluted wine. And I can state no more general rules than these; for the rest of the treatment must be determined separately for each case.

Now, besides these very serious evils that may follow operations for hernia, some local troubles may ensue, of which a few are worth telling you of.

Perhaps the most common is acute inflammation of the hernial sac, alone or with the immediately adjacent part of the peritoneum. It is, I think, most likely to happen after operations for large herniæ

in old people, when considerable force or time has been used in the reduction. You may know it best by the localized pain and tenderness with acute fever, without the signs of unrelief or of general peritonitis of which I lately spoke. There is no severe illness, but the general condition appropriate to a sharp local traumatic inflammation; and you may treat it, in this view, with complete rest and warm moist coverings of the part, and very little food; and in the acute cases in robust people, with copious leeching. In the acutest case which I have seen, I applied ninety-eight leeches in three days after the operation, with great comfort, and I think great advantage to the patient. That was twenty years ago; but it would still be right to do the same.

Another local trouble is acute inflammation of the cellular tissue outside the sac. It is chiefly seen after operations for scrotal hernia, and for deep-seated femoral herniæ. Commonly, the case appears going on well for a few days; and then comes a blaze of inflammation in and beneath the skin, leading sometimes to abscess, sometimes to diffuse suppuration. There is in these cases nothing peculiar to hernia. The same troubles may, as you know, follow any other operation; and they always need the same general means of treatment. I have never seen serious evil ensue in any case of the kind.

I might tell of other hindrances to recovery from the operation for hernia; but I limit myself to those of inflammation of the testicle, of sloughing of the scrotum, and others which I have been able to study practically, and I pass the others by, as I have done many other things, especially the complications of herniæ with various local diseases, such as hydrocele, varicocele, undescended testicle, and others. I have seen only one or two cases of each, and can tell nothing which is not already well told about them. Indeed, for a conclusion, I must say that, though to some of you it may have seemed excessive to give four lectures on strangulated hernia, I have treated the subject very superficially, very incompletely. One lifetime is not nearly enough for its complete personal study, in even so large a field as this hospital supplies.—*Brit. Med. Journ.*, July 6th, 1872.

HOSPITAL NOTES AND GLEANINGS.

Notes of a Visit to the Surgical Wards of Hôpital la Pitié Paris.—In the course of a recent visit to the surgical wards of La Pitié, we observed various facts of interest.

Case of Luxation of the External Semilunar Cartilage.—The patient is a man aged twenty-seven, formerly a soldier in the French army. Some time before the last war he had a fall in which the knee was subjected to violent distortion. It became swollen, and during three months it was treated by means of blistering and tincture of iodine. During the war the patient was made a prisoner, and whilst in Prussia he fell one day in about the same way as the first time, and heard a cracking noise in the knee. Blisters, frictions, and a season at Amélie-les-Bains were uselessly tried, and for a year no change has taken place in the knee. The appearance of the leg is quite normal. The joint has preserved all its movements; there are no signs of effusion, and no rise of temperature in the knee. When the patella is made to move between the condyles a feeling as of rubbing of rough surfaces is perceived, and when the knee is half flexed there is a cracking noise heard whilst a foreign body is seen to bulge forwards. This foreign body is not an arthrophyte, or foreign body properly so called, and due to a disease of the cartilages as in dry arthritis; there are no signs of ossiform incrustation of the ligaments, etc. Neither does it present the appearance and circumstances of such portions of detached pieces of cartilage as are found in cases of traumatic lesions of the knee. Dr. Duplay thinks it is a case of luxation of the external semilunar cartilage, on account of the following signs: no foreign body can be made out, even on minute exploration; examination shows that an integral part of the joint moves out of place, and resumes its position as soon as a particular situation or point which stops its progress is passed; this point is the femoral condyle, which

is altered, as is the patella; the bulging perceived during semi-flexion of the knee can be caused by the semilunar cartilage only.

Dr. Duplay will not interfere actively or employ immobilisation, as the joint enjoys all its movements. As palliative means he will use compression of the knee, local sulphurous douches, and iodide of potassium internally.

Dropsy of the Knee; aspirating puncture.—The knee was punctured during our visit. A very fine needle was used, and eighty grammes (not quite three ounces) of liquid ran slowly into the receptacle. The puncture was quite painless. Pressure was exerted over the knee, so as to assist the issue of fluid. After this the patella assumed its natural situation. The after-dressing consisted in a heap of cotton-wool and compression by means of cotton bands.

Dr. Labbé remarked that it would take weeks to get out such a quantity of serous fluid by means of blisters.

Fistula Ani.—The case had been operated on a few days previously, and was doing very well. Dr. Labbé called attention to the infundibuliform shape of the anus and the existence of a bridle limiting the anus in the direction of the perineum, both of which are considered characteristic of venereal habits.

Fracture of the Arm; employment of Plaster Splints. — Dr. Labbé frequently uses plaster splints in cases of fracture of the limbs, as they constitute a very simple and handy appliance. In cases of fracture of the leg, only one long plaster splint, extending along the posterior surface of the limb, and taking in the heel and sole of the foot, is applied. In the present case of fracture of the forearm, the splint was applied along the extensor surface of the limb, and another splint was rolled three times round the forearm, leaving bare the seat of the fracture. In the space of twenty minutes the plaster was quite dry, and the splint had become hard and solid. Two wooden splints had been applied to keep the arm immovable whilst the plaster was drying.

The splints are prepared very easily. They consist of a piece of tarlatan (muslin gauze), cut according to the required size, and folded eight times so as to obtain the necessary thickness. The plaster must be very fine—plaster of Paris (as used by moulders). It is thrown into plain water, and when the liquid has absorbed enough of it, so that any fresh quantity would flour the surface, the preparation is of the necessary thickness. The splint is then soaked in the mixture and immediately applied.

Cysts of the Spermatic Cord.—The patient had a somewhat large cyst on each cord, so that the scrotum seemed to contain four testes. One of the cysts was punctured with a trocar in our presence. The liquid presented the appearance peculiar to spermatic cysts, and on microscopical examination was found full of living spermatozoids. A solution of tincture of iodine was injected.

Naso-pharyngeal Polypus in a girl of fifteen.—This was quite an unusual case of naso-pharyngeal polypus in a female. Dr. Labbé said he did not know of any other case on record. We saw the polypus operated on. The galvano-caustic knife was used, and the soft palate was slit neatly and quite clean. The tumour was then seen bulging forward, and was immediately removed by the galvano-caustic wire. No hemorrhage took place. The patient bore the operation very bravely. The growth was of the size of a small hen's egg.—*Lancet*, Oct. 19, 1872.

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Hospital Notes from Birmingham.—An interesting case of recovery after fracture of the base of the skull has recently left the wards of the Queen's Hospital. A woman, aged forty, fell down a flight of stone steps on to her head. Profuse bleeding from the ears and nose ensued, and subsequently vomiting of blood. The patient was semi-comatose for forty-eight hours, and had a continuous discharge of cerebro-spinal fluid from the left ear for nine days.

Mr. West has a case of chronic synovitis of both knee-joints under his care, in which, after the failure of a variety of plans of treatment, both internal and external, he has done great good by introducing the largest canula of the aspirator, and draw-

ing off two ounces of brownish serum from each joint. No constitutional irritation was set up by the operation, and the man, aged forty-two, was able to leave his bed at the end of a week, and to walk about.—*Lancet*, Oct. 5, 1872.

Treatment of Phagedenic Chancres by Continuous Irrigation. — Mr. JONATHAN HUTCHINSON, Senior Surgeon to the London Hospital, in the treatment of phagedenic chancres, has for some time, with very good success, used the continuous bath. The patient is ordered to sit in a hip-bath with tepid water for the greater part of the twenty-four hours, a few hours being allowed for sleep. The water is changed as often as it becomes uncomfortably cool. This treatment is kept up until all phagedenic action ceases, and the sore shows a perfectly healthy surface. It may or may not be necessary to apply fuming nitric acid to the sore in addition to the bath, but in some cases the cleansing action of the water alone is quite enough. Mr. Hutchinson attaches great importance to a frequent change of the water in contact with the sore, and lately he has directed the patient to keep a continual stream of water from an irrigating apparatus playing on the ulcerated surface while in the hip-bath. By this means, every particle of contagious phagedenic discharge is removed as soon as it is secreted, and the formation of a healthy surface is much accelerated.

In a case lately under care, the patient, a man aged 40, was admitted with a chancre which had probably existed about a month, and been phagedenic for about ten days. It was a very large sore (2½ inches by 1½), situated on the upper surface of the prepuce; its base was ashy, its edges overhanging, and a large slough was attached to part of its surface. It was evidently spreading fast. The patient was put into the continuous bath, with orders to keep a jet of water from the nozzle of an irrigator constantly playing over the sore. After a little more than three days (eighty hours) of this treatment, without any other local application, all trace of sloughy discharge had ceased, the ulcer showed a healthy surface and had begun to heal at the edges. Its after-course was equally satisfactory, and he left the hospital twelve days after admission, quite cured as regards the chancre.—*Brit. Med. Journ.*, Nov. 2, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Successful Local Treatment of Diphtheria. By HENRY REYNOLDS, M.D., of East Wilton, Maine.—In the autumn of 1871, having had several cases of diphtheria, and lost the first two, I was led to try carbolic acid crystals and glycerine, equal parts, freely applied by means of a wisp of cotton, upon the end of a probe, dipped in the solution. This application was repeated, once or twice a day, according to the severity of the case, or the rapidity of the formation of the exudation. About ten cases have been treated by this method, and every one has progressed well and terminated favourably. Before adopting this method I had had three cases, two of which had died, and one, Case I., remained then under treatment. Having some fears for the result in that case, I applied the carbolic acid solution, the amendment was speedy and the patient recovered. I do not claim that this remedy has been tested in a sufficient number of cases to establish its *infallibility*. All that is claimed is that its apparent success has been such as to entitle it to a more extensive trial that its true value may be determined.

CASE I.—Minnie C., aged 8 years, came under treatment Aug. 8, 1871. Had exudation upon both tonsils, thick and leathery, and thinly over the uvula. During the next eighteen days, she was given tonics, quinia, carbonate of iron, tr. chloride of iron, chlorate of potassa, and gargles of astringents, and antiseptics. Milk diet principally. Exudation diminished in amount and then increased, accompanied with vomiting of food.

26th. Treatment continued essentially the same, excepting that to-day, for the first time, applied solution of carbolic acid crystals and glycerine, equal parts, to the

patches of exudation, and continued daily until there was no further exudation.

Sept. 1. During convalescence, she was affected with partial paralysis of the muscles of deglutition, and partial loss of voice, from which she fully recovered in a few weeks.

The query suggested to my mind in this case is, would there have been the subsequent paralysis if the application of this powerful antiseptic had been applied daily from the first?

CASE II.—Otis N., aged 8 years (brother of a girl older, who was one of the cases which I lost two days before), was taken sick, August 24th, with vomiting and sore throat, followed by small patches of exudation upon the left tonsil. I applied the carbolic acid solution twice a day. Internally, gave tr. chloride of iron and chlorate of potassa gargles, milk diet, and kept in bed.

26*th.* No exudation upon the right tonsil, upon the left tonsil it was held in check by the applications.

27*th.* Membrane has disappeared from the left tonsil.

Sept. 5. Discharged well. No sequels.

CASE III.—J. P. S., a young man, aged 20 years. Sept. 1. Patches of exudation upon one tonsil. Applied daily carbolic acid solution; internally gave tr. chloride of iron, chlorate of potassa, and milk diet.

2*d.* Membrane appeared upon the other tonsil. Treatment the same.

3*d.* Membrane disappearing from first tonsil.

5*th.* No membrane upon either tonsil. Discharged.

Of the other seven cases, which it seems unnecessary to give in detail, some were sick from seven to ten days, but, under a treatment essentially the same as the above, the patients progressed favourably and recovered without sequelæ. The glands of the neck of all these cases swelled but very little. The treatment was commenced early, the importance of which cannot well be exaggerated. I infer that, to insure a successful termination, it is essential to commence the local application of carbolic acid upon the first appearance of the disease, and repeat often enough to maintain a thorough antiseptic action, and use the solution of sufficient strength to control the exudation.

Complete Inversion of the Uterus successfully Replaced. By J. D. SOUTHARD, M.D., of Raymond, Union Co., Ohio.—During twenty years' practice the following is the only case of complete inversion of the uterus which I have met with.

March 13th, 1869, I was called to see Mrs. W. J., aged 29, a farmer's wife; small but healthy; the mother of five children. The accident happened four hours previous to my arrival. On removing the bedclothes I found the uterus inverted and placenta attached. There was no hemorrhage. I removed the placenta, then, grasping the uterus in my left hand, passed it up the vagina to its proper position, my hand entering the uterine cavity. Feeling satisfied that all was right, I instantly removed my hand.

The patient during this time made but little complaint, sustained no perceptible shock, lost but little blood, made a speedy recovery, was confined May 1st, 1872, and enjoys good health.

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Death from Chloroform.—Dr. W. W. DAWSON records (*The Clinic*, Oct. 26, 1872) the following case communicated to him by Dr. Roll of McGonnigle's Station, Butler Co., Ohio, in whose practice it occurred.

Mr. D., aged about 60, had about a drachm of chloroform administered to him June 25, 1867, for removal of caries of tibia. As the result of the inhalation of chloroform, the patient's leg became rigidly drawn up, and at the same time the body being suddenly and rigidly raised to a sitting position, which soon passed off, and with it pulsation ceased, and life was extinct. All efforts at resuscitation were unavailing.

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Repeated Smallpox.—A woman recently died in Boston of smallpox who had, only twelve weeks previously, recovered from an attack of the same disease. In the first instance, she gave the disease to several others in the family; in the second it took on the hemorrhagic form.

Not many months ago a child, not over a year old, died in Boston of a well authenticated second attack of smallpox.

These cases show that recurrence de-

pends upon individual susceptibility, and not on the length of the interval between the two exposures to contagion. In other words, it is not a "wearing out" of protection that causes the second attack.—*Boston Med. and Surg. Journ.*, Oct. 21, 1872.

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Philadelphia College of Pharmacy.—The attendance at the lectures in this institution at the present term is stated to be so large that it has been necessary to provide additional seats; and the applications for laboratory instruction have been so numerous that the twenty tables for the accommodation were insufficient, and twelve additional are being added.

FOREIGN INTELLIGENCE.

Guarana in Sick Headache.—Mr. Samuel Wilks, of Guy's Hospital, writes to the *Lancet*, Oct. 5, 1872, of the virtue of guarana in sick headache. So many of his patients have spoken so positively of the relief which they have obtained that he has no hesitation in attributing the effect to the remedy.

He writes: "I am now seeing a lady who speaks most enthusiastically of it, as she has not had a headache for nearly six months, having on several occasions warded it off by the guarana. I have in my note-book several other cases where the same positive statement is made. I have now before me two letters just received from young ladies living respectively in London and Ipswich. The one says: 'I have found great benefit from the guarana powders which you recommended me; they almost invariably cure my headache.' The other lady says: 'When you prescribed guarana powders for me last May for severe and frequent headache, you asked me to write and let you know if I found them beneficial. I have every reason to believe them a complete preventive of headache, as on the least symptom I have taken a powder, sometimes a second, in two hours of a time, and in no case have they failed as an effectual cure. I have not had a bad headache since I saw you.' I quote these letters as evidence of the value of the remedy in some cases, and that it is worth an extended trial."

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Abortive Treatment of Boils and Whitlow.—Dr. Simon de Forges (*Rev. de Thérap.*) advises the topical use of camphorated spirits as an abortifacient in boils and whitlow. In the former case the boil is to be rubbed eight or ten times by the finger dipped in the alcohol. He asserts that it is rare that after this treatment a boil goes on further towards suppuration. In cases of whitlow he advises the patient to dip the finger for some ten minutes in camphorated spirits. This almost always gives great relief of the pain, and often cures the complaint.—*Medical Press*, October 30, 1872.

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Orchitis treated by Absolute Rest.—Dr. Brambilla gives in the *Gazetta Medica Lombardia* (September 21) an account of the results of the treatment of orchitis by mere rest, which has been put into force by Dr. Fiorani at the Ospedale Maggiore at Lodi. After passing in review the various means that have been hitherto employed, and usually with a considerable loss of time, he observes that Dr. Fiorani, being under the conviction that some of these owed whatever efficacy they possessed to the absolute repose which they enforced upon the organ, resolved to try how far mere rest would succeed. By the employment solely of the most absolute rest he has treated with success twenty-two cases of orchitis, twelve of these being gonorrhœal, six traumatic, and four idiopathic. In all of these the cure was complete, in one only it being necessary to apply on the sixth day some mercurial ointment on account of slight induration of the epididymis. By absolute rest is meant that the patient should lie continuously on his back, with a small cushion between the thighs, in order to support the testes, and that he must never get off his bed even for the purpose of his natural wants. The pain ceased soon after the position was assumed, and in a few days the testes lost all sensibility, the swelling and heat also disappearing. The medium time occupied in treatment was five days, although on admission the af-

fection had lasted from two to five or six days, and the testis had acquired from two to five times its normal size. Among the traumatic cases one remained in the hospital for twenty-four days, the orchitis being complicated by severe ecchymosis of the scrotum. One of the gonorrhœal cases also lasted twelve days, but none were dismissed until the testis had entirely reacquired its normal condition. These cases were observed by numerous practitioners, and the patients could be readily found for verification. Dr. Brambilla therefore concludes that orchitis can be more rapidly and more effectually cured in this way than by any of the ordinary remedies, and that in thus treating it by absolute rest we are only imitating nature.—*Med. Times and Gaz.*, Oct. 12, 1872.

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Method of Aspiration for the Removal of Fluid from Closed Cavities of the Body.—M. Bouvier, in a note presented to the French Academy of Sciences, claims for M. G. Palletan, the credit of priority in the employment of this method. This last-named surgeon in 1831 communicated to the Academy of Medicine a memoir on the subject, with the instrument he employed, and in 1836, after a long discussion on empyema, he presented again his memoir and instrument to the Academy. M. G. Palletan's memoir was not published, but his instrument is described in the *Journ. de Chimie Médicale*, 1836, p. 105, and a notice of his memoir was made in the *Archives Gén. de Méd.*, vol. xxv. p. 272, 1831, and in the *Bull. de l'Acad. de Méd.*, vol. i. p. 237, 1836.

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Acute Glaucoma.—Dr. Le Fort read a paper on this subject before the medical section of the French Association for the Advancement of Science at its late meeting in Bordeaux, in which he combated the theories of Von Græfe and Hancock, and rejected the therapeutic means proposed by these two celebrated oculists—iridectomy and the section of the ciliary muscle. According to Dr. Le Fort, acute glaucoma is anatomically characterized by a veritable dropsy of the serous tissue which separates the choroid from the sclerotic. He showed how this lesion explained all the symptoms of acute glaucoma; and he prefers, as a means of treatment, the sclerotical paracentesis of the eye. Twice already this method has been employed by him, and it has been followed by a very prompt and happy result.—*Brit. Med. Journ.*, Sept. 28, 1872.

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Paralysis of various Organs, due to Disease of the Heart.—At the last meeting of the Société Biologique de Paris, M. Joffroy, house-surgeon to La Pitié, presented a patient suffering from paralysis of various organs, due to disease of the heart. The patient's history is briefly this: He is seventeen years old. In March, this year, he suddenly lost the sight of one eye; and a few days after he showed confusion of mind, difficulty of mastication, and almost complete hemiplegia. He was then taken to the hospital, and the following lesions were observed: complete paralysis of the lower part of the face; tightness of the jaws; almost complete immobility of the tongue, whence the difficulty of mastication, deglutition, and the articulation of words. The eye was affected with amblyopia, and on being examined with the microscope was seen to present considerable anæmia of the retina. Hemiplegia was very marked in the limbs. On examining the heart an intense bruit de soufflé, during the first sound, was discovered. This bruit disappeared and came according to the various attitudes which the patient was made to assume. Pulse and respiration normal. The various symptoms increased in intensity, and it was quite impossible for the patient to take food. Finally, by means of the œsophageal sound, food of various sorts was introduced into the stomach. The patient has since that time gained strength, and the symptoms have amended; contraction of the buccal muscles can be excited; deglutition is now possible; the tongue, however, is still immobile, flat and smooth, and suggests the idea of atrophy.

M. Joffroy thus explains the causation of the various symptoms just described. In the situation of the left auriculo-ventricular orifice there is a floating polypous

production giving rise to the variable bruit de soufflé; embolisms thrown into various parts of the brain; through the vertebral arteries into the region which commands the movements of the mouth, tongue, and pharynx; through the arteries of the brain into the hemisphere opposite to the hemiplegic side; through the ophthalmic into the retina.—*Lancet*, Sept. 7, 1872.

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Sudden Death.—Dr. J. Milner Barry, of Tunbridge Wells, relates (*Brit. Med. Journ.*, October 5), three cases of this. The first occurred in a man, aged 41, who during life had only complained of dyspeptic symptoms, including a peculiar choking sensation coming on at nights, and relieved by walking about. The heart and lung sounds were apparently normal. Death occurred suddenly in the night. At the post-mortem examination the left pleura was found full of blood, which had escaped from a small sacculated aneurism, the size of half a walnut, of the descending portion of the thoracic aorta situated behind the heart. The case was characterized by a singular absence of the usual concomitant symptoms of aneurism. There was no dysphagia; no erosion of the vertebræ. The choking sensation might be accounted for from the fact of the œsophagus being attached to the aneurism, lying directly on it. Dr. Barry mentioned that both Dr. Stokes and Dr. Walshe refer to the extreme difficulty of positive detection of small aneurismal sacs behind the heart.

The second case occurred in a young lady, aged 21, active, well-nourished, and with a good healthy colour. She was subject for nearly twelve months to nearly constant vomiting, and known to be the subject of heart-disease. On auscultation, loud blowing murmurs were heard over the pulmonary aortic and mitral valves, a thrill was perceptible over the situation of the pulmonary valves, and the area of præcordial dulness was increased. The vomiting continued unchanged, and, though apparently somewhat hysterical in character, seemed mainly attributable to irritation of the pneumogastric nerve from the diseased heart. She died suddenly in the night. At the post-mortem examination the pericardium was found generally adherent. The tricuspid and aortic valves were healthy. Two of the pulmonary valves were adherent by thin edges, and one of the mitral valves shortened and tied down. A short funnel-shaped canal passed through the septum ventriculorum from below the aortic valves to behind the tricuspid. Two rough ridges, one above and the other below the opening, probably impeded and roughened the current of blood, and gave rise to the peculiar "swashing" character of the murmur heard during life. The direction of the canal was such as to cause the blood to pass more readily from the left ventricle into the right than *vice versâ*. The entire absence of cyanosis was a noticeable feature in this case. No ulceration was found in the stomach; but there appeared to be a sort of constriction midway in the greater curvature, where probably the spasmodic action was greatest, and this may have accounted for the peculiar character of the vomiting; the food being suddenly and forcibly shot out, and, in the convulsive effort made to reject it, a portion was probably dashed on towards the pyloric end, and then retained till the vomiting had subsided, thus, in a measure, accounting for the nutrition of the patient being maintained.

The third case occurred in a single lady, aged 41, five months previously. Dr. Barry had attended her with chronic peritonitis; from this she quite recovered, and had never complained of any chest-symptoms. She died suddenly whilst dressing. At the post-mortem examination the pericardium was found distended with about eighteen ounces of serum and soft blood clots. The heart was loaded with fat, and flabby, and showing fatty and granular degeneration, and almost total disappearance of muscular striæ under the microscope. The aorta was stiff, rugose, atheromatous, and dilated. A small aneurismal pouch, one inch above the aortic valves, as thin as a wafer, had given way, and allowed an escape of blood into the peritoneum. This patient's brother had died suddenly some months previously at the age of 52. The clinical lesson taught by

the above and similar cases, as Dr. Barry insisted, was that, in cases of extremely sudden death, our attention should be directed to the heart first, and not to the brain.

—

Deaths from Chloroform.—Dr. L. W. MARSHALL, of the General Hospital, Nottingham, records (*Brit. Med. Journ.*, Oct. 12, 1872) the following case:—

J. T., stout male, was admitted into the Nottingham General Hospital with a compound comminuted fracture of the left leg. Amputation was resorted to; he did not appear to be suffering from shock; and the quantity of blood lost, although large, was not so great as might have been expected from the nature of the injury. About three drachms of chloroform were administered. Face became livid; the tongue was thrust between the teeth, and respiration ceased, but was immediately resumed on removal of the tongue by forceps. He continued to respire with ease, and became partially conscious. A few minims more chloroform were inhaled. Ten minutes later the respirations were more shallow and less frequent; suddenly face became livid, teeth firmly fixed, and respiration ceased entirely. All efforts at resuscitation were fruitless.

Heart was found to be pale and empty; mitral valve was slightly thickened, and there was atheromatous deposit in the aorta. The stomach was half full of partially digested food; the pharynx contained some of this.

Mr. WILLIAM BIRD, of York, records in the same journal another case. Mrs. C., aged 57, was operated upon for tumour of head. Less than half a drachm of chloroform was administered on a sponge. A second half-drachm was added, and, within a minute after, the pulse suddenly stopped, the breathing then ceased, and the countenance became livid. Efforts at resuscitation were of no avail.

—

Death from Bichloride of Methylene.—A case of death after inhalation of this substance occurred at Middlesex Hospital on Oct. 9. The patient, a man aged 48, was admitted for a deep abscess in the buttock, discharging a short way within the sphincter ani. He was apparently healthy. It was thought desirable to lay the abscess open, and, if necessary, to complete the operation as for fistula. Methylene was used on this occasion: about two drachms had been inhaled, and he was insensible; when, as the operation was about to be commenced, and a minute after the inhalation had been stopped, it was noticed that his breathing had ceased, and he became very livid. Silvester's method of keeping up respiration was at once resorted to, and he gasped once or twice. Galvanism was employed, but no effort produced any effect. The only *post-mortem* condition of importance was the existence of a rather large and very flabby heart.—*Brit. Med. Journ.*, Oct. 12, 1872.

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Reaction of Leucæmic Blood.—In one of the last parts (Heft 1, Band viii.) of the *Zeitschrift für Biologie*, Dr. MOSLER states he has had an exquisite case of splenic leucæmia under his care, and that on examining the reaction of the blood he found that it did *not* present, as has sometimes been stated, an acid reaction. On the addition of a little tincture of litmus, and exposure to a warm room, the colour turned red after four days. The defibrinated blood placed in a graduated tube with twenty-four divisions, and allowed to remain at rest for twenty-four hours, gave the following results: 1. The upper layer of clear serum occupied five divisions; beneath this was a layer of colourless blood-corpuscles occupying seven divisions, and the remaining twelve were occupied by red blood-corpuscles. The proportion of the white to the red corpuscles was thus very nearly as 1 : 2. The patient was forty-four years old, from Uckermünde, who had had ague twenty years, and again eight years, previously. A year after presenting himself he had pain and a swelling in the left side. He had well-marked retinitis leucæmica. He was treated, apparently successfully, with cold douche baths directed to the region of the spleen and with large doses of quinia.—*Lancet*, Sept. 28, 1872.

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Consultation with Homœopaths.—"A physician practises medicine not for the

sake of solving puzzles, but of saving patients."..."If a diseased person, who in his ignorance submits himself to the homœopathic delusion, find the wit of his homœopathist obviously dull on the nature of his disease, and desire a physician to sharpen it, in order that the homœopathist may with the greater ease of mind practise upon the patient with globules, the physician obviously may and ought to decline to be a party to any such mischief. The physician who consents to 'diagnose' a disease for a homœopathist becomes a party either to a folly or to a fraud. It weighs nothing, in the decision, that the patient, in his ignorance, is willing to be defrauded or be fooled. He is free to make such a choice: we are not free to assist him in it. A physician is only called upon to exercise his calling when and as his conscience approves it. *Toujours prêt* is an excellent motto for a cabman. When duty calls, and as conscience bids, is the rule for medical workers. It is an individual harm to each patient that he should submit to the delusion, and we are called upon to have no part in it. It is a general injury, and tends to propagate the error that homœopathists have any claim to scientific consideration or footing of professional respectability (we mean always scientifically, and not personally or socially), that a physician should consent to do anything which could bear the semblance of a consultation with a homœopathist, or a recognition of any claim on his part to be a rational therapeutist, or to possess any claim to rank or associate with healers and physicians. Homœopathy, which began as a delusion, is now rapidly ending as a fraud. The ignorant delusion that all diseases were varieties of the itch, which was a cardinal point of homœopathic belief at the outset, has faded before the discovery of the itch-insect. The mystic folly of extreme dilutions, the potency of increasing weaknesses, the value of direction in shaking and stirring, are fading follies likewise; their place is being taken by frauds. We hear now of castor oil and hydrate of chloral, tincture of aconite and tartar emetic, in heroic and almost poisonous doses, to produce purgation, give sleep, reduce the heart's action, and promote secretion. It no more becomes us to assent to a fraud than to yield to a delusion; and now more than ever, perhaps, must it be held disgraceful for a physician to hold any direct or indirect intercourse with a homœopathist, whether 'hard-shelled' or 'soft-shelled,' globulist or trimmer."—*Brit. Med. Journ.*, Oct. 26, 1872.

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Juvenile Smoking.—Whatever opinions may be entertained as to the effects of moderate tobacco-smoking on the adult, there can be none as to its deleterious influence on the boy. The molecular changes coincident with development of tissue are interfered with, slowed, if not arrested by tobacco. Take the blood-corpuscles, for example, and see how the narcotic affects them. According to German physiologists, they lose their round shape and become oval and irregular at their edges; while, instead of mutually attracting each other, and running together in *rouleaux*—a good sign—they cohere loosely, or lie scattered on the field of the microscope—a bad one. The physical effects are paralleled by the psychical ones. M. Bertillon found that, of the pupils attending the Polytechnic at Paris, 102 smoked, while 58 did not. Arranging the two categories in the order of merit, according to the results of the examinations, he found the non-smokers held, in every grade, the higher rank; and that the smokers, as compared with the non-smokers, deteriorated from their entering to their leaving the school. Facts like these induced the Minister of Public Instruction, in 1861, to issue to the directors of colleges and schools throughout the empire a circular forbidding tobacco to the students, on the ground "that the physical as well as the intellectual development of many youths has been checked by its use." In Germany, where at so many schools the Bursch's ideal may be summed up in Goethe's lines—

"Ein starkes Bier, ein beizender Taback
Und eine Magd im Puss, nun das ist mein Geschmack,"

the premature smoking of tobacco would, but for the superior stamina of the race,

prove not less disastrous. As it is, tobacco amaurosis is an ophthalmic affection quite recognized by German physicians as having its origin at school and college. Amongst ourselves juvenile smoking is getting more and more common, with the result of impaired eyesight, thinning of the hair, and other symptoms of excessive draughts on the trophic nerve-centres.—*Lancet*, Oct. 5, 1872.

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Preservation of Bodies for Dissection at the London Colleges.—For the information of those of our readers who are engaged in the study or teaching of anatomy and operative surgery on the cadaver, we transcribe from the *Lancet* for Oct. 5, 1872, the following directions for the preservation of bodies, as pursued at two of the principal London colleges.

At *Guy's* the bodies are preserved by a method given in detail by Mr. Howse in the "Guy's Hospital Reports" for 1872. The process consists in injecting into the femoral artery of one or both sides of the body about three pints of glycerine, in which one pound and a half of arsenic has been boiled, and in two or three days forcibly injecting, by means of a syphon, about two gallons of pure glycerine. By this means the glycerine is made to permeate all the tissues of the body, bullæ containing glycerine not unfrequently forming on the skin. It is necessary to attend to the condition of the fingers and toes, for at first they swell up and become plump, but, if left for a few days, they shrivel and dry up. This shrivelling is entirely obviated by injecting a further quantity of glycerine into the arteries. The bodies are then laid aside and covered with cloths soaked in carbolized glycerine, or are imbedded in sawdust soaked with carbolic acid. The red paint may be employed at any time, but it is well to wait for a few days after the injection of the glycerine before using it. The bodies are in good condition, the skin has become dark, but the muscles are of a good colour, and firm, and the nerves sufficiently tough to be readily traced out. This method, like the preceding one, is not well adapted for bodies in which a post-mortem examination has been made. The most serious objection to this process, however, is the cost, which is at least thirty shillings for each body.

At *St. Thomas's* the method adopted is identical with that used by Professor Marshall, to whom the authorities at this school are indebted for the details. In this process the arteries may or may not be injected with a weak solution of arsenite of potash, but Mr. Marshall objects to large quantities of arsenic being used, one or two ounces being quite sufficient for the purpose. The bodies are then immersed in a fluid consisting of twenty-four gallons of water, twenty-eight pounds of common salt, one pound and a half of nitrate of potash, and three pints of Burnett's fluid (chloride of zinc) to each body. After many trials these proportions have been found to be best adapted for preserving bodies for dissection, for if too much salt or nitrate of potash be used, the skin gets very hard. By this means Mr. Marshall has been able to preserve portions of the body in good condition for demonstration for a period of ten years. This method seems to be the best that we have yet seen; it has the further advantage of being the cheapest, and we understand that the fluid in which the bodies are immersed need only to be changed once in several years. If this process be adopted, it is advisable to inject the paint within a few days of immersion.

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Transfer of the Faculty of Medicine from Strasburg to Nancy.—This transfer has been confirmed by a decree of the President of the French Republic dated Oct. 1, 1872.

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Gazette Obstetricale.—This is the title of a new journal, edited by Dr. Verrier, which has just been issued in Paris, and is to be published semi-monthly.

—

Obituary Record.—Died on the 24th October, 1872, aged 55 years, Dr. Daremberg, Professor of the History of Medicine in the Faculty of Medicine of Paris, Librarian to the Mazarine Library, member of the Academy of Medicine, etc. etc.

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